

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **MO. PACIFIC HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 DAYS**
(Specify whether years, months or days) **40 YEARS**

3. (a) PRINT FULL NAME

Spicer, Howard John

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **702-12-6251**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LILLIAN SPICER**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **JULY 22 1883**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	13	hr. min.

9. Birthplace **CINCINNATI OHIO**

(City, town, or county) (State or foreign country)

10. Usual occupation **SWITCHMAN**

11. Industry or business **TERMINAL R.R.**

12. Name **UNKNOWN**

13. Birthplace **"**

(City, town, or county) (State or foreign country)

14. Maiden name **"**

15. Birthplace **"**

(City, town, or county) (State or foreign country)

16. (a) Informant **LILLIAN SPICER**

(b) Address **14260 N. PARK PLACE**

17. (a) **BURIAL** (b) Date thereof **10/8/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FRIEDENS CEM.**

18. (a) Signature of funeral director **SUED MEYER & SONS**

(b) Address **3934 N. 29 ST.**

19. (a) **OCT 6 1948** (b) **J. B. Lasater**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **ST. LOUIS**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **14260 N. PARK PLACE**
(If rural, give location)
(e) **26** of foreign country? **=** (Yes or No)
If yes, name country **=**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **5**
year **48** hour **2** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **9-27**
1948 to **10-5** 19**48**
that I last saw him alive on **10-5** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**
Pneumonia
Pulmonary Embolism
Due to **Head disease, aneurysm**
fibrosclerosis
Due to **Pneumonia, Bronch**

Duration
12 days
for week
in hospital
12 days

Other conditions **101**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **As above**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury **2**

23. Signature **Benjamin H. Clark, Jr.** (M. D. or other)
Address **3720 Washington** Date signed **6 Oct 1948**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Merelle B. Lechman*

Licensed Embalmer No..... *3696*

P. O. Address..... *3934 N. 20 St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.