

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21716

5561

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 2019 Alfred Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) EDITH		b. (Middle) SAUNDERS		c. (Last) SPENCER		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 3, 1881		
9. AGE (in years last birthday) 67		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 24		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Otterville, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Albion R. Saunders			13b. MOTHER'S MAIDEN NAME Lida Alexander		14. NAME OF HUSBAND OR WIFE Neale Spencer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Groves 2019 Alfred Avenue				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				Suddenly				
ANTECEDENT CAUSES				10-15 years				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Diabetes				
DUE TO (c) Arteriosclerosis								
II. OTHER SIGNIFICANT CONDITIONS				None				
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE NO (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None				
22. I hereby certify that I attended the deceased from 10/05, 1946, to 6/26, 1949, that I last saw the deceased alive on 6/26, 1949, and that death occurred at 9:15 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Preston C. Hallard				23b. ADDRESS 3402 a Lafayette		23c. DATE SIGNED 6/27/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE JUNE 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Slater, Missouri		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JUN 28 1949		REGISTRAR'S SIGNATURE J B Lanster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm J. Robert & H. Co. 1905 So. GRAND BLD				

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4653

P. O. Address St Louis

**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.