

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 9 1951

State File No. 25589

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2764

1. PLACE OF DEATH  
a. COUNTY St. Louis, 4002  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri. b. COUNTY St. Louis,

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5,  
c. LENGTH OF STAY (in this place) years  
35 TOWN University City 14, 4356

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital.  
d. STREET ADDRESS (If rural, give location) 6850 Plymouth Avenue, 1

3. NAME OF DECEASED (Type or Print)  
a. (First) LOUIS b. (Middle) BEAMAN c. (Last) SPENCER.  
4. DATE OF DEATH (Month) (Day) (Year) July 24, 1951.

5. SEX Male  
6. COLOR OR RACE White.  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.  
8. DATE OF BIRTH July 20, 1879.  
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 0 IF UNDER 24 HRS. Days 4 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Nova Scotia, Canada 2  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown Spencer  
13b. MOTHER'S MAIDEN NAME unknown  
14. NAME OF HUSBAND OR WIFE Marharetha Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
16. SOCIAL SECURITY NO. 488-03-2973  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaretha Spencer, 6850 Plymouth Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pernicious Anemia 275  
DUE TO (c) 2900  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-1951 to 7-24-1951, that I last saw the deceased alive on 7-24-1951 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE Leo Reilly (Degree or title)  
23b. ADDRESS 730 Hodeman  
23c. DATE SIGNED 7-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial  
24b. DATE 7-26-51  
24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

DATE REC'D BY LOCAL REG. 7-25-51  
REGISTRAR'S SIGNATURE Robert A. Donohue  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Bld'g.,  
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Leo J. Kelly,  
730 Hadlamont Ave.,  
DE: 6558.

3-10

*General Embalmer  
217 C. ...*

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P.O. Address *St. Louis, Mo.*

*12 12-5-7 12 1-1-7*

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.