

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43238**

LED JAN 10 1953  
BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 428

740  
2

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>City of St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington - St. Francois</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lafayette Ave. (?) St. Louis, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #4</b>		d. STREET ADDRESS (If rural, give location) <b>Lafayette Ave. (?)</b>	
3. NAME OF DECEASED a. (First) <b>Helen</b>		b. (Middle) <b>Ruth</b>	c. (Last) <b>Spencer</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1952</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Nov. 7, 1901</b>
9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>20</b> Hours <b></b> Mins. <b></b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b></b>
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Herbert Lewis Spencer</b>		13b. MOTHER'S MAIDEN NAME <b>Cornelia E. Fach</b>	14. NAME OF HUSBAND OR WIFE <b>Kearney Saifer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Florence Morris, 530 N. Union</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>St. Louis, Mo.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rupture of Ovarian Cyst</b>		instantaneous	
DUE TO (c) <b>Dementia Praecox Psychosis</b>		(Duration of cyst - - unknown.) At least 20 yrs.	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <b>June 24, 1952</b> , to <b>Dec. 27, 1952</b> , that I last saw the deceased alive on <b>Dec. 27, 1952</b> , and that death occurred at <b>7:20 p m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>	23c. DATE SIGNED <b>12-29-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-30-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Dec. 30, 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagoner Mortuary, 4911 Washington Bl</b>
(Licensed Embalmer's Statement on Reverse Side) <b>St. Louis, Mo.</b>			

JAN 14 1963

JAN 14 1963

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 *John J. Harrison*

Licensed Embalmer No. 4108

P. O. Address St. Louis MO

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.