

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24115

State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>Pattonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) <u>#9 Welland Ave.</u> <u>4079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Spencer</u> b. (Middle) <u>Lafayette</u> c. (Last) <u>Douglas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 24, 1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Days <u>7</u> Hours <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buffer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fisher Body Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooter, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Logan Douglas</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie T. Dad.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-01-7930</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geraldine Horne</u> ADDRESS <u>1565-Valle Ave.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Embolism</u>		<u>2 wks</u>
	DUE TO (c) <u>Prostatectomy</u>		<u>4 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>			

19a. DATE OF OPERATION <u>June 27 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Hypertrophy of prostate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 Jan 2, 1954, to July 9, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter C. Gray M.D.</u>	23b. ADDRESS <u>8711 St. Charles Road St. Louis, Mo.</u>	23c. DATE SIGNED <u>July 10 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 10 1954</u>	REGISTRAR'S SIGNATURE <u>Ravine Hammett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel H. ...</u> ADDRESS <u>504 Woodland Rd. Overland, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 21 1954

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.....
Signature of Student Embalmer

Signed *David E. Gibson*.....

Licensed Embalmer No. *340*.....

P. O. Address *Overland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.