

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28188**
6967

FILED SEP 6 1955

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 <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4623 Fennerly</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Christean</i>		b. (Middle)		c. (Last) <i>Spencer</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 3, 1958</i>		5. SEX <i>F</i> 6. COLOR OR RACE <i>3 Negro</i>			
7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED <i>Widowed</i>		8. DATE OF BIRTH <i>July 15, 1885</i>		9. AGE (In years) UNDER 1 YEAR: Months <i>70</i> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Columbia, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Thomas</i>	
14. NAME OF HUSBAND OR WIFE <i>Unknown</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>None Albert Moore</i>		17. ADDRESS <i>4623 Fennerly</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Heat Exhaustion</i>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heat Exhaustion</i>		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>9319</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>OOD</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SPECIFIC CAUSE <i>Accident</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <i>1207 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Dee or title) <i>Patricia C. Taylor</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8.9.58</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Aug. 10, 1958</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Parkside</i>	
24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith, m.d.</i>		25. ADDRESS <i>12217 Grand</i>	

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.....
Signature of Student Embalmer

Signed *Guyton Swan*

Licensed Embalmer No. *458*

P. O. Address *1221 N. B.*

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.