

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. 35188
Registrar's No. 9314

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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 township) OR TOWN Saint Louis c. LENGTH OF STAY (In this place) 19 yrs
c. CITY OR TOWN Saint Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4220 Grace
STREET ADDRESS (If rural, give location) 4220 Grace 21570

3. NAME OF DECEASED a. (First) Marie (Mary) b. (Middle) A c. (Last) Spencer 4. DATE OF DEATH (Month) (Day) (Year) 10 24 1955

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 8. DATE OF BIRTH 2-10-1872 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 8 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Schmidt 13b. MOTHER'S MAIDEN NAME Elizabeth Bohn 14. NAME OF HUSBAND OR WIFE Ira H Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Margaret Spencer 18. ADDRESS 4220 Grace Ave St Louis, MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy
ANTECEDENT CAUSES (b) Arterio-sclerosis DUE TO (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.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 day 5 years

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) 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 Jan. 6, 1954, to Oct. 24, 1955, that I last saw the deceased alive on Oct. 23, 1955, and that death occurred at 2:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE A. W. Peters (Degree or title) M.D. 23b. ADDRESS 4145 S. Grand Blvd. 23c. DATE SIGNED 10.25.55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-27-1955 24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery St Louis County, Missouri 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. OCT 25 1955 REGISTRAR'S SIGNATURE Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 6164 Chippewa St Louis 9, Missouri

(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.....
Signature of Student Embalmer

Signed *Lewis C. Hoffmann*.....

Licensed Embalmer No. 3871

P. O. Address 7814 S. 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.