

FILED AUG 1 - 1956 STANDARD CERTIFICATE OF DEATH

State File No. **24228**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4749** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY St. Louis County Jefferson		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 Hillsborn Twp		c. LENGTH OF STAY (in this place) 3 mos	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		e. STREET ADDRESS (If rural, give location) 1309 Waldron Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) E. c. (Last) SPENCER		4. DATE OF DEATH July 26, 1956 (Month) (Day) (Year)	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 4, 1868
9. AGE (In years last birthday) 87 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and State or Foreign Country) Niles, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alfred E Taylor		13b. MOTHER'S MAIDEN NAME Eliza Gore	
14. NAME OF HUSBAND OR WIFE John R. Spencer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Edward H. Spencer ADDRESS 1309 Waldron Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs ANTECEDENT CAUSES Valvular heart disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 9 mo. unknown	
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 May 25, 1956 to July 26, 1956 , that I last saw the deceased alive on May 26, 1956 , and that death occurred at 12:10 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert D. Sanders MD (Degree or title)		23b. ADDRESS 1502 Cass Ave	
23c. DATE SIGNED 7-27-56		24. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-56	
24c. LOCATION (City, town, or county) (State) St. Louis County Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and Sons ADDRESS 7233 Delmar Bly'd.	
DATE REC'D BY LOCAL REG. 7-27-56		REGISTRAR'S SIGNATURE Carl E. ...	

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 31 1956

SEP 18 1956

SEP 17 1956

*From unit 3100124.
No. 311. No. of license 100124*

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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.