THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36510

FILED OCT 24 1956 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2432

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) COUNTY Hosp. — Length of stay in Ib D.O.A

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN ROCK-HILL 4631 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2453 BREMERTON. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPH Middle C Last SPENCER

4. DATE OF DEATH Month 10 Day 13 Year 56

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 3-16-1883 9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 6 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONST. CONTRACTOR 10b. KIND OF BUSINESS OR INDUSTRY Building 11. BIRTHPLACE (City and state or country) PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME AUGUST-P-SPENCER 14. MOTHER'S MAIDEN NAME AGATHA-BROOKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 498-22-1770 17. INFORMANT Address ANN-SPENCER-2453 BREMERTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION — 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-28-52, to 10-13-56 and last saw him alive on 10-13-56
Death occurred at 2:35 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James B Jones (Degree or title) M.D. — 22b. ADDRESS 337 W. Lockwood Webster Groves 19, Mo. — 22c. DATE SIGNED 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — 23b. DATE 10-17-56 — 23c. NAME OF CEMETERY OR CREMATORY RESURRECTION-CEM. — 23d. LOCATION (City, town, or county) ST. LOUIS Co (State) Mo

24. FUNERAL DIRECTOR ADDRESS JAY-B-SMITH-MAPLEWOOD 17 Mo — 25. DATE RECD. BY LOCAL REG. 10-18-56 — 26. REGISTRAR'S SIGNATURE Herbert A. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 4

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.