

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3629

State File No.

FILED FEB 14 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1360

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 4yr 3mo 20 days | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital | | e. STREET ADDRESS (If rural, give location) 5600 Arsenal St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) York c. (Last) Spencer | | 4. DATE OF DEATH (Month) (Day) (Year) January 23, 1958 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH Dec. 15, 1880 |
| 9. AGE (In years last birthday) 77 | | 10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Ky. | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13a. FATHER'S NAME James | | 13b. MOTHER'S MAIDEN NAME Lizzie | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| | | — | |
| 17. INFORMANT'S SIGNATURE OR NAME Hospital Records | | ADDRESS 5600 Arsenal | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis INTERVAL BETWEEN ONSET AND DEATH 3 yrs. ANTECEDENT CAUSES Morbid 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. 600.0 | |
| 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) (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 October 21, 1953 , to January 23, 1958 , that I last saw the deceased alive on January 23, 1958 , and that death occurred at 3:10 Pm. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John W. Beckham, M.D. | | 23b. ADDRESS 5800 Arsenal | |
| 23c. DATE SIGNED 1/24/58 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 2-28-58 | |
| | | | |
| 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. FEB. 5 '58 | | REGISTRAR'S SIGNATURE Carl Smith | |
| | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service | | ADDRESS 4104 Manchester Ave. St. Louis 10, Mo. | |
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.