

Health, Welfare Public Service

300 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 23 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016484  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4119**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Adams</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Quincy</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Childrens Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>32 317 Riverview.</b>	
3. NAME OF DECEASED (Type or print) First <b>Gwenella</b> Middle <b>Spencer</b> Last		4. DATE OF DEATH Month <b>April</b> Day <b>11</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 11, 1951</b>
9. AGE (In years last birthday) <b>6</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Quincy, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Harry Spencer Jr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Chadine Hawkins</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Chadine Spencer, Quincy, Ill.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>2nd &amp; 3rd degree burns of entire body.</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered when clothing was ignited while playing with matches in front yard of home at Quincy, Illinois on April 12, 1958</b>			INTERVAL BETWEEN ONSET AND DEATH <b>E916016</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE - HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I of item 18.) <b>Ignited while playing with matches in front yard of home at Quincy, Illinois on April 12, 1958</b>		20c. TIME OF INJURY Hour <b>4</b> Month, Day, Year <b>12 58 April 12, 1958</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>32 Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Quincy, Illinois</b>		COUNTY <b>Adams</b> STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>445 A</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Paul Smith M.D.</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>4/15/58</b>		23a. BURIAL, CREATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>4-15-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Quincy, Ill.</b>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
25. DATE RECD. BY LOCAL REG. <b>APR 15 '58</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>	

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, ~~John~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edouard H. Peneluc .....

Licensed Embalmer No. 4283 .....

P. O. Address H. Louis, M. .....

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.