Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-003527
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1017

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3300 York Court — Length of stay in lb 84 Yrs. | d. STREET ADDRESS (If outside, give location) 2069 3300 York Court — Reside on Farm Yes [ ] No [X] |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First LOUISE | Middle R. | Last SPENCER | 4. DATE OF DEATH Month January Day 27 Year 1959 |
| 5. SEX Female 3 | 6. COLOR OR RACE Negro | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ] | 8. DATE OF BIRTH Aug. 26, 1875 |
| 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | 10b. KIND OF BUSINESS OR INDUSTRY -- | 11. BIRTHPLACE (City and state or country) Franklin County, Tenn. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Louis Steele | 13b. MOTHER'S MAIDEN NAME Hester Perkins | 14. NAME OF HUSBAND OR WIFE White Spencer | |
| 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. None | 17. INFORMANT Emily B. Spencer | Address 3300 York Court |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 Weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardio Vascular Renal disease Since 1952

DUE TO (c) Arterio Sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 1952, to Jany 27, 1959 and last saw her/him alive on Jany 27-1959
Death occurred at 1 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title) S E Moore M.D. | 22b. ADDRESS 2330 a Franklin | 22c. DATE SIGNED 1-28-59 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 1/29/59 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 23d. LOCATION (City, town, or county) St. Louis County, (State) Mo. |
| 24. FUNERAL DIRECTOR Charles J. Gates | ADDRESS 4107 Finney | 25. DATE RECD. BY LOCAL REG. JAN 29 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Gaylon Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Ave

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.