

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028824

FILED VS JUL 22 1960

318

Primary Registration District No.

1003

Registrar's No.

7106

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP ST. LOUIS, MISSOURI			Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1842 So. 8th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OPAL JOANNE SPENCER				4. DATE OF DEATH Month Day Year JULY 13 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 23 Aug 1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY UNK		11. BIRTHPLACE (City and state or country) Ky.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Thomas Allbritten			13b. MOTHER'S MAIDEN NAME Eva Ramsey			14. NAME OF HUSBAND OR WIFE Russell Spencer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address Chas. Bradham 1842 So. 8th St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAILURE						INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LUETIC HEART DISEASE						2. YEARS		
DUE TO (c) _____ 023x								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LUETIC ANEURYSM OF INNOMINATE ARTERY RIGHT						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from JUNE 20, 1960 to JULY 13, 1960 and last saw her alive on JULY 13, 1960 Death occurred at 2:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>C. E. Hamilton, M.D.</i> M. D.				22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 7/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-18-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
24. FUNERAL DIRECTOR ADDRESS J. W. Clark F. H. 1125 Hodiamont Ave				25. DATE RECD. BY LOCAL REG. JUL 15 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> MOB		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JANUARY 1950

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 Alfred J. Boedel
Licensed Embalmer No. 264

P. O. Address 11257th

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.