

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21570

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 791
City St. Louis Mo No. 5507 Dawson St. 7 Ward St. Louis Mo
Registered No. 6141
St. 7 Ward St. Louis Mo

2. FULL NAME Sylvia A Spencer
(a) Residence No. 5507 Dawson St. 7 Ward St. Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>N</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence E Spencer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-26-1901</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>31</u>	<u>5</u>	<u>4</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>				
FATHER	13. NAME <u>Jacob Eigner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Ida Hemmer</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> <u>2</u>			
17. INFORMANT (ADDRESS) <u>B. E. Spencer</u> <u>5507 Dawson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Burial</u> DATE <u>7-4-32</u>				
19. UNDERTAKER (ADDRESS) <u>Louis H. Bopp</u> <u>Meribwood Mo</u>				
20. FILED <u>Jul 2 1932</u> <u>W. J. Frank</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

1. 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to June 30, 1932
I last saw her... alive on June 30, 1932. Death is said to have occurred on the date stated above, at 12:00 A.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108 108
Date of onset June 20, 1932

Other contributory causes of importance:
X Ⓚ

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Poland R. Mevoun, M. D.
(Address) 5330 Geraldine Av

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

