REG'D MAR 13 1939

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

Do not use this space. 4502

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1195

(c) City St. Louis, Mo. (d) Street No. 4425 Mc Pherson Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 152 Elizabeth Spencer.

(a) Residence, No. 4425 McPherson Ave. St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 4, - 1905

7. AGE: Years 33. Months 11. Days 1. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. At home.

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) St. Louis, Mo.

FATHER

13. NAME Dr Selden Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER

15. MAIDEN NAME Mabel Williams.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

17. INFORMANT Dr Seldon Spencer (ADDRESS) 4425 McPherson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Feby 7, 1939

19. FUNERAL DIRECTOR C. R. Lupton & Sons. (ADDRESS) 7233 Delmar Blv'd.

20. FILED FEB 6 1939 J. B. Breckel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y - 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20-, 1934 to 2-5-, 1939

I last saw her alive on 2-5-, 1939 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

Amyotrophic Lateral Sclerosis. (Date of onset)

Other contributory causes of importance: 0

Name of operation 0 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Andrew B. Jones, M. D.

(Address) 3720 Washington St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

JE. 4227 - 2-4 P.M.

STATEMENT BY LICENSED EMBALMER

I, Clarence H. Murray, Licensed Embalmer No. 4011

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

— L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed Clarence H. Murray.

Licensed Embalmer No. 4011

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.)