

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 3-11-39 I 19511

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.

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St Louis
Wellston St Louis Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6326 Spencer Place,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Mo (Specify whether
 In this community years, months or days) 7 Mo

3. (a) PRINT FULL NAME Charles N Spence
3. (b) If veteran, name war no **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____ **alive** _____ **years**
7. Birth date of deceased Jan 15 - 1866
 (Month) (Day) (Year)

8. AGE:	Years <u>74</u>	Months <u>1</u>	Days <u>25</u>	If less than one day hr. _____ min. _____
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9. Birthplace White County Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name William Spence
13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Each Spence
(b) Address Nevada City Mo

17. (a) Name Norris C. Lee **(b) Date thereof** 3-12-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Norris C. Lee

18. (a) Signature of funeral director James R. Finkbeiner
(b) Address Norris C. Lee

19. (a) MAR 11 1940 **(b)** D. R. Meighan
 (Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Louis
 (c) City or town St Louis Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6326 Spencer Pl
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10th
 year 1940 hour 12 minute 4 A. M.

21. I hereby certify that I attended the deceased from Oct. 7 1939 to March 10 1940
 that I last saw him alive on March 8, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia **Duration** A few
with
premonitory
to first
attack

Due to compression
fracture of 12th dorsal
spine in old

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy None

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
7-7 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature D. R. Meighan
 Address 607 No. Grand Ave Date signed 3-11-40

19418
929

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard R. Rawland

Licensed Embalmer No. 3114

P. O. Address Thomas, Mo.

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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12473
Registrar's No. 499-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. _____ Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St. Louis
(a) County St. Louis
(b) City or town Wells ton
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Charles N. Spencer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

20. DATE OF DEATH: Month Mar. Day 18 - 40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

due to paralysis of bladder

due to compression of fracture 12th dorsal

due to spine - old -

Other conditions _____ (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. Malone Stroud (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1940

S-12473