

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1587

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME: J. Burney Spencer 152

3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Carrie Spencer
6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: June 9th 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 10 If less than one day hr. min.

9. Birthplace: DuBoise Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: Furniture salesman

11. Industry or business: retired

12. Name: William Columbus Spencer

13. Birthplace: Blunt County Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name: Mary J. Burns
15. Birthplace: Nashville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: Carrie Spencer

(b) Address: 125 Bodley Ave.

17. (a) Removal (b) Date thereof: 8-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Nashville Illinois

18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 So. Kingshighway Blvd.

19. (a) AUG 20 1940 (b) J. P. Meyer Registrar's signature
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis
(c) City or town: Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No.: 125 Bodley Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th
year 1940 hour 11 A.M. minute M.

21. I hereby certify that I attended the deceased from 7/13/40, 19 to 8/19/40, 19 that I last saw him alive on 8/17/40 and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis with Uremia + Retenema
(Acute exacerbation of chronic) Duration Years
Due to: nephritis

Due to: 131

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

Major findings: Of operations: none

Of autopsy: none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(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: J. P. Meyer (M. D. or other) J. P. Meyer
Address: 13th N. Gene Webster Drive Date signed: 8/20/40

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

MOTHER FATHER

SEP 24 1944

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.....

Reinhold K. Lohm

Licensed Embalmer No.....

3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.