

FILED FEB 24 1942 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Maude Spencer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6.-(a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Apr. 2 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 7
 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) 9

16. (a) Informant Luke Spencer(b) Address 828 Wall St.

17. (a) Burial (b) Date thereof 1-12-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.

19. (a) JAN 0 1942 (b) J. F. Bredeck
 (Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4983a Natural Bridge
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8,
 year 1942 hour 11:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from January 1, 1942 to January 8, 1942
 and that death occurred on the date and hour stated above.

that I last saw her alive on January 8, 1942
 Immediate cause of death Carcinoma of breast Duration _____

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy Autopsy was refused

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? _____

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

23. Signature J. E. Jon Kaenel (M. D. or other) _____
 Address 1515 Lafayette Avenue Date signed 1/8/42

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..... *Albert R. Thompson Jr.*.....
Licensed Embalmer No. *4237*.....
P. O. Address.....

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, fact should be so stated above.