

FILED JAN 13 1943 18
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10951

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

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 Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hrs. 15 Mi.
(Specify whether
In this community 3 Hrs. 15 Minutes
years, months or days)

3. (a) PRINT FULL NAME Infant Male Spencer

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

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

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

7. Birth date of deceased November 22, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. 15 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Glenn Duane Spencer

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

14. Maiden name Marie Henrietta Domrose

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

16. (a) Informant St. Louis Maternity Hospital

(b) Address 630 S. Kingshighway Blv'd.

17. Anatomical Room (b) Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Room

18. (a) Signature of funeral director W. Reuter

(b) Address 3500 G. P. Lane

19. (a) DEC 29 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster Groves
(c) City or town _____ (If outside city or town limits, write "RURAL") NR
(d) Street No. 49 E. Big Bend Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1942 hour 8:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from November 22, 1942, to November 22, 1942
that I last saw him alive on November 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
atelectasis

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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 A. J. Embury (M. D. or other) 11/22/42
Address 600 S. Kingshighway Date signed _____

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.....

Licensed Embalmer No.....

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.