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

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14132

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3172

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place): 3 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEACONESS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND 4-23 X
d. STREET ADDRESS (If rural, give location): 9642 HOLTWOOD

3. NAME OF DECEASED (Type or Print): a. (First) RUBY b. (Middle) PEARL c. (Last) SPENCER

4. DATE OF DEATH (Month) (Day) (Year): 4 - 7 - 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-9-1912

9. AGE (In years last birthday): 41 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): GREENCASTLE INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CARL JACOBS

13b. MOTHER'S MAIDEN NAME: BERTHA WISE

14. NAME OF HUSBAND OR WIFE: ANDREW JACKSON SPENCER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 284-30-6240

17. INFORMANT'S SIGNATURE OR NAME: ANDREW JACKSON SPENCER ADDRESS: 9642 HOLTWOOD OVERLAND MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Metastatic lesions to lungs — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of breast — 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 170 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 *1953, to* April 7, *1954, that I last saw the deceased alive on* April 6, *1954, and that death occurred at* 8:25 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jesse Younger M.D.

23b. ADDRESS: 2560 A Woodson

23c. DATE SIGNED: 4-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 4-9-54

24c. NAME OF CEMETERY OR CREMATORY: INDIANAPOLIS INDIANA

24d. LOCATION (City, town, or county) (State): IND. INDIANA IND

DATE REC'D BY LOCAL REG.: APR 8 1954

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: EARL H. LILLEMAN OVERLAND MO

S.D. (Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed. Earl T. Hellman

Licensed Embalmer No. 3501

P. O. Address Oakland 14 Mi

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.