

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17060

State File No. ....

318

1003

Registrar's No. 4353

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 1324 a North Euclid 269/2			
3. NAME OF DECEASED (Type or Print) a. (First) Spencer b. (Middle) Addington c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1954				
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 15, 1866	
9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY Retired Minister		11. BIRTHPLACE (City and State or Foreign Country) Helena, Arkansas		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Alfred Addington			13b. MOTHER'S MAIDEN NAME Elizabeth			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 431 12 2594		17. INFORMANT'S SIGNATURE OR NAME Annie Laura Watkins, 1324 a N. Euclid			
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.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of the Popliteal Artery Left, Generalized Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of Left Foot.				INTERVAL BETWEEN ONSET AND DEATH Undt	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4501			
22. I hereby certify that I attended the deceased from May 7, 1954, to May 12, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 3:40 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Carl Belle Smith				23b. ADDRESS M. D. C. 2601 N. Whittier		23c. DATE SIGNED 5/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 17, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAY 14 1954		REGISTRAR'S SIGNATURE Carl Belle Smith			25. FUNERAL DIRECTOR'S SIGNATURE M. D. C. Koosue		ADDRESS 1221 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *Malvin Blackman*.....

Licensed Embalmer No. *396*.....

P. O. Address *1221 N 9th*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.