

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25268

State File No.

FILED AUG 2 - 1954

6627

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

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. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) **6 Y 9M 18D**

e. STREET ADDRESS (If rural, give location) **26 1419 a St. Louis 22690**

3. NAME OF DECEASED
a. (First) **FRANK** b. (Middle) _____ c. (Last) **SPENCER**

4. DATE OF DEATH (Month) (Day) (Year) **7 18 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower**

8. DATE OF BIRTH **July 17-1872**

9. AGE (In years last birthday) **82** 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) **none**

10b. KIND OF BUSINESS OR INDUSTRY **none**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis**

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

13a. FATHER'S NAME **Peter Blyston**

13b. MOTHER'S MAIDEN NAME **Vonnie Lionberger**

14. NAME OF HUSBAND OR WIFE **Widower**

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Wm. Ebbinghaus, 4723 Begg, St. Louis Co., 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) **Arteriosclerotic Heart Disease**
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.

INTERVAL BETWEEN ONSET AND DEATH **years**

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) _____

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

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

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **9/30/47**, 19____, to **July 18, 1954**, that I last saw the deceased alive on **July 18, 1954**, and that death occurred at **4:55A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George M. Tanaka M.D.**

23b. ADDRESS **5600 Arsenal St.**

23c. DATE SIGNED **7/19/54**

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

24b. DATE **7-19-54**

24c. NAME OF CEMETERY OR CREMATORY **Laurel Hall**

24d. LOCATION (City, town, or county) (State) **St. Louis Co., MO**

DATE REC'D BY LOCAL REG. **JUL 19 1954**

REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **St. Louis Funeral Home, 5205th**

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 *J. Wm. D. Embury*.....
Licensed Embalmer No. *365*
P. O. Address *St. Louis*.....

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.