

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7538**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **524**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Ferguson	c. LENGTH OF STAY (In this place) 5 yrs	c. CITY OR TOWN Ferguson 4119	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 N. Elizabeth		e. STREET ADDRESS (If rural, give location) 221 N. Elizabeth	

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) HANSBERGER	c. (Last) SPENCER	4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 17, 1872	9. AGE (In years last birthday) 83 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Salem, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME W. F. Hansberger	13b. MOTHER'S MAIDEN NAME Martha French	14. NAME OF HUSBAND OR WIFE James 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Spencer 221 N. Elizabeth

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis		4 days
ANTECEDENT CAUSES		DUE TO (b) Bronchial Asthma	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <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) 241X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan, 1949**, to **Feb, 1956**, that I last saw the deceased alive on **Aug 27, 1954**, and that death occurred at **11A** m., from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis, M.D. (Degree or title)	23b. ADDRESS 539 N. Grand	23c. DATE SIGNED 2/23/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 2-23-56	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
DATE REC'D BY LOCAL REG. 2-23-56	REGISTRAR'S SIGNATURE Hubert R. Dombrowski	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
51. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MISSOURI		

(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 *Eleana Province*.....

Licensed Embalmer No. *340*.....

P. O. Address *Janning*.....

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.