

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28951**  
Registrar's No. **6745**

FILED AUG 24 1956

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOMER G. PHILLIPS</b>		e. STREET ADDRESS (If rural, give location) <b>21 2618 DAYTON ST</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SPENCER</b> b. (Middle) <b>-</b> c. (Last) <b>PATRICK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 13 56</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 23 1882</b>	9. AGE (In years last birthday) <b>74</b>	10. IF UNDER 1 YEAR: Months <b>5</b> Days <b>30</b> IF UNDER 12 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MEMPHIS TENN</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>ALICE</b>	
14. NAME OF HUSBAND OR WIFE <b>BERTHA PATRICK</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Patrick</b>		18. ADDRESS <b>2618 Dayton</b>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6-7 mo.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <b>Hemiplegia of Rt. Side</b>			
		DUE TO (c) <b>Myocardial weakness</b>			
		OTHER SIGNIFICANT CONDITIONS (d) <b>Compensation</b>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>11:00 AM 11:15 PM</b>	
22. I hereby certify that I attended the deceased from <b>7-13-1956</b> to <b>7-13-1956</b> , that I last saw the deceased alive on <b>7-13-1956</b> , and that death occurred at <b>11:00</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Robert M. Scott</b>		23b. ADDRESS <b>3007 Eastern Ave</b>		23c. DATE SIGNED <b>7-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-19-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>	
24d. LOCATION (City, town, or county) (State) <b>WELLSVILLE MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. F. Walton</b>		25. ADDRESS <b>2207 Steadler</b>	
DATE REC'D BY LOCAL REG. <b>JUL 18 1956</b>		REGISTRAR'S SIGNATURE <b>Carol Smith</b>		25. ADDRESS <b>2207 Steadler</b>	

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.....  
*H. Claude Gordon*

Licensed Embalmer No.....*34*

P. O. Address.....*45750*

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.