

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15314

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 2917

| | | | | | |
|---|----------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Northwoods | | 4000 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL | | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 27 4000 Colonial Ave. | |
| 3. NAME OF DECEASED (Type or print) First Thomas Middle R. Last Spencer | | | 4. DATE OF DEATH 3 Month 24 Day 1957 Year | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 31, 1910 | 9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer-St. Louis County | | 10b. KIND OF BUSINESS OR INDUSTRY Louis County | 11. BIRTHPLACE (City and state or country) Hammond, Ind. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Thomas Wilson Spencer | | | 14. MOTHER'S MAIDEN NAME Hattie R. Rohrman | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2 | | 16. SOCIAL SECURITY NO. 081-07-0778 | 17. INFORMANT Address (Wife) Martha L. Spencer 4000 Colonial Av | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Rupture secondary to Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hours 12 years |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 1-10-45, to 3/24/57 and last saw her/him alive on 3/24/57 Death occurred at 3:04 p m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) FR Bradley M. D. | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 3/2/457 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE Mar. 27, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway | | ADDRESS | 25. DATE RECD. BY LOCAL REG. MAR 26 '57 | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. | |

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William B. White*.....

Licensed Embalmer No. *429*

P. O. Address *4228 Sebring*

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.