

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

State File No. **19320**  
**4559**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
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, give 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. 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 <b>V. A. Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>129618 A M Union</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ray</b> b. (Middle) <b>R</b> c. (Last) <b>Spencer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-11-57</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>10-17-95</b>	
9. AGE (In years last birthday) <b>61</b>		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) <b>Salvaman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Used Cars</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Racine Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Spencer</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah William Thelma</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>318168751</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V. A. Hospital Record St Louis Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Laryngospasm;</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Aspiration of gastric contents; Atrophic lateral sclerosis with weakness of muscles of Pharynx; Traumatic injury of nose due to fall on porch at home on May 4th 1957.</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Aspiration of gastric contents; Traumatic injury of nose due to fall on porch at home on May 4th 1957.</b>				20. AUTOXY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SPECIFICALLY <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5 9 57 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>3561 F</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:25 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James M Reely Deputy Registrar</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5-13-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-13-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Racine Wis</b>		24d. LOCATION (City, town, or county) (State) <b>Racine Wisconsin</b>	
DATE REC'D BY LOCAL REG. <b>MAY 13 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edward Fendler 5611 South Grand Blvd.</b>			

(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 *George J. Schumacher*.....

Licensed Embalmer No. *467*.....

P. O. Address *5611 20th*.....

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.