

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-008776

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2333**

FILED MAR 7 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		d. STREET ADDRESS (If outside, give location) 4115 Page Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>															
3. NAME OF DECEASED (Type or print) First Mae (May) Middle Turner Last Spencer						4. DATE OF DEATH 2-24-62		Month 2 Day 24 Year 62		5. SEX Female		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-24-97		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unk.						13b. MOTHER'S MAIDEN NAME Unk.						14. NAME OF HUSBAND OR WIFE William Spencer																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) No						16. SOCIAL SECURITY NO.						17. INFORMANT William Spencer 4115 Page Blvd.																	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						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 a.m. p.m. Month, Day, Year						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 January 25, 62 to Feb 24, 62 and last saw her alive on February 22, 1962 Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.																													
22a. SIGNATURE <i>Robert B. [Signature]</i>												22b. ADDRESS 17 W. Lindemere Pl. Saint Louis 12, Mo.						22c. DATE SIGNED 2/26/62											
23a. BURIAL, CREMATION, or REMOVAL (Specify) Removal						23b. DATE 2-28-62						23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery						23d. LOCATION (City, town, or county) (State) Chicago, Illinois											
24. FUNERAL DIRECTOR A. L. Beal Und. Co. 4303 Delmar												25. DATE RECD. BY LOCAL REG. FEB 27 1962						25. REGISTRAR'S SIGNATURE Loan Smith, M.D.											

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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 Arthur L. Hollis

Licensed Embalmer No. 4221

P. O. Address 3100 Canton

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.