

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018668

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1087

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
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DATE AMENDED	
ITEM NO.	
SHOULD READ	
BY AFFIDAVIT OF	

FILED APR 16 1963

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY -----

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b life

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hill Top House Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 5813 Fyler Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ANNA GENEVIEVE SPENCER

4. DATE OF DEATH Month Day Year March 29, 1963

5. SEX Female 6. COLOR OR RACE Caucasian 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1-9-1877 9. AGE (last birthday) 86

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Henry M. Spencer 13b. MOTHER'S MAIDEN NAME Mary Whalen 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no 16. SOCIAL SECURITY NO. ----- 17. INFORMANT Miss Kathryn Spencer, 5813 Fyler Address -----

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute Myocarditis INTERVAL BETWEEN ONSET AND DEATH 1 mo.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis 4500 1 year  
DUE TO (c) -----

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterialsclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Natural Causes.

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year -----

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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, 1962 to March 29, 1963 and last saw her/him alive on March 27, 1963. Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Scott Hauer M.D. 22b. ADDRESS 6500 Chippewa St., St. Louis, Mo 22c. DATE SIGNED 3/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE April 1, 1963 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell 25. DATE RECD. BY LOCAL REG. 3-30-63 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DR Scott Hever  
6700 Chipmunk  
Ve 2-43 41

**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 Archie Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.