

BJC Medical Group
of Missouri

Family Care at Christian Hospital
11125 DUNN ROAD
SUITE 406
SAINT LOUIS, MO 63136-6132
Ph: 314-653-5484
Fax: 314-653-5483

October 10, 2025

Abduraqeeb I. White "Aj"
[REDACTED]

Patient: **Abduraqeeb Ibn Joseph White**
Date of Birth: [REDACTED]
Date of Visit: **October 10, 2025**

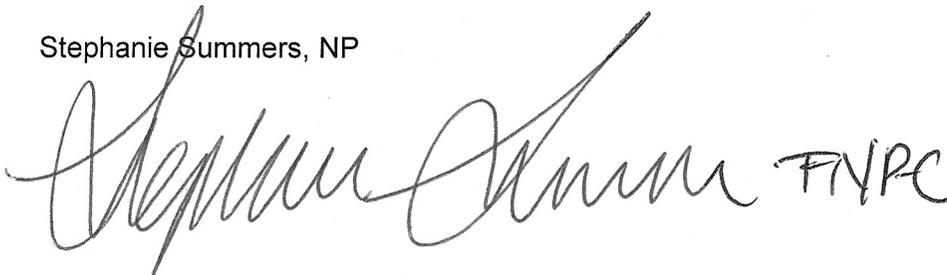
To Whom it May Concern:

Abduraqeeb White was seen in my clinic on October 10, 2025 at 10:00 am. Patient is under current treatment for [REDACTED]. These conditions could be exacerbated or even result in death without proper utilities such as gas, water, and electricity. Please continue his utility services.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Stephanie Summers, NP





Medical Emergency Certification Form

If a service disconnection will aggravate an existing medical emergency of the customer, family member or other permanent resident of the premises, we can help. When you fill out the form below, we'll delay a service disconnection for up to 21 days.

In order to report a medical emergency, this form must be filled out and signed by the account holder and then certified by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) licensed by the State of Missouri, Illinois or Kansas. Once the form is completed, please fax it to 314-641-2166, or mail it to Spire, Drawer 9, St. Louis, MO 63166 within nine calendar days of the date shown below in order to continue to postpone a natural gas service disconnection.

If you have any questions while filling out the form, don't hesitate to reach out to us at 800-887-4173.

Notification of medical emergency

Date applicant notified Spire of a medical emergency: October 10, 2025

Name of the Spire representative applicant notified: _____

Customer information

Name of Spire customer: Abdul Razeeb Joseph White Telephone: 

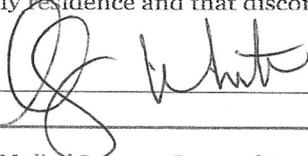
Address: _____ City: _____ ZIP: _____

Name of person with medical emergency: _____

Relationship of person with medical emergency to Spire customer: _____

Nature of medical emergency: _____

I represent that a medical emergency exists at my residence and that discontinuance of gas service will aggravate this medical emergency.

Signature of Spire customer: 

Certifying authority *(To be completed by a licensed Medical Doctor or Doctor of Osteopathy)*

I hereby certify that, in my medical opinion, discontinuance of gas service to the address specified will aggravate an existing medical emergency of the person named above. _____ M.D. _____ O.D. *(select one)*

Name: See Attached Doctor Statement Telephone: (____) _____

Address: _____ City: _____ ZIP: _____

Certifying Authority Signature

Office use only:

Date completed application received by Spire: ____ / ____ / ____

Spire Representative Signature