

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6544**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips |
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos 12 das
(Specify whether
 In this community 4 mos 12 das
years, months or days)

3. (a) PRINT FULL NAME James Spencer **152**

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 7, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 9 21 hr. _____ min.

9. Birthplace Okla
(City, town, or county) (State or foreign country)

10. Usual occupation Unk

11. Industry or business Unk

MOTHER FATHER { 12. Name Ben Spencer
 18. Birthplace Texas
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Ida Scott
 15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A Spotts
 (b) Address 2601 N Whittier

17. (a) _____ (b) Date thereof 7-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. P. ...

(b) Address 3500 Rutger

19. (a) AUG 2 1940 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis **25**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1608 Wash
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1940 hour 4:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 16, 1940, to June 28, 1940;
 that I last saw him alive on June 28, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Approx 1 year
Duration

Due to _____
 Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature M. W. Allen (M. D. or other) _____
 Address 2601 N Whittier Date signed _____

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.