

No. 300  
4-10-47  
5-17-39  
I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 7 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

28231  
State File No. \_\_\_\_\_  
7432  
Registrar's No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mos.  
In this community 25 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Ernest Spencer  
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lily Spencer  
6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased April 16 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business Lepkins Steel

12. Name Arthur Spencer

13. Birthplace Jackson County, Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Lee

15. Birthplace Jackson County, Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Cole  
(b) Address 2330 Eugenia

17. (a) Burial (b) Date thereof 8-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Bressack  
(b) Address 2601 N Whittier

19. (a) AUG 25 1948 (b) J. F. Bressack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 11-00  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2212 Eugenia  
22 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 21  
year 1948 hour 3 minute 5 p M.  
21. I hereby certify that I attended the deceased from May 26, 1948 to August 21, 1948  
that I last saw him alive on August 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
1. Lungs - Carcinoma  
2. Heart - Coronary Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Liver, Kidneys and Peritoneum -  
(Include pregnancy within 3 months of death)  
Carcinoma with Metastasis

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes  
PHYSICIAN \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Charles Frozier (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 8/24/48

---

---

**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 Charles King

Licensed Embalmer No. 4989

P. O. Address 3897 Page

**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, fact should be so stated above.**