

Registration District **791**

Primary Registration District **1003**

Registrar's No. **5648**

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:
2902 Lemp Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis **24**
(If outside city or town limits, write "RURAL")
(d) Street No. 2902 Lemp Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?.....years.

3. (a) PRINT FULL NAME FRANKLIN D. SPENCER **152**
3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife nil 6. (c) Age of husband or wife if alive.....years
7. Birth date of deceased Jan. 30, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr. min.
5 2 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation nil **0**

11. Industry or business.....

MOTHER FATHER
12. Name Orsan A. Spencer **0**
13. Birthplace St. Louis, Mo. **0**
(City, town, or county) (State or foreign country)
14. Maiden name Edna Schultz
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Orsan Spencer
(b) Address 2902 Lemp Ave.

17. (a) Burial (b) Date thereof July 4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director M. C. Mayhew
(b) Address 1926 Allen Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1940 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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)
(e) Means of injury.....

23. Signature Alfred Perry (M. D. or other) **5**
Address 2902 Lemp Ave. Date signed 7/2/40

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 Benny C. Durman

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.