S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4986

Registration District No. 791 A Primary Registration District No. 1003 Registrar's No. 1928

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:
St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DEATHS:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2517 N. Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawrence L. Spencer

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice M. Spencer

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September (Month) 26th. (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
64	5	2	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Private Family

FATHER
12. Name George Spencer
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Brown
15. Birthplace St. Marys (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alice M. Spencer
(b) Address 2517 N. Newstead Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) MAR 2 1942 (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th. year 1942 hour 6.00 minute a. M.

21. I hereby certify that I attended the deceased from February 1942 to February 28 1942; that I last saw him alive on February 27th. 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tuberculosis — Duration 2 Months
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Miliary Tuberculosis

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? (Specify type of place)
While at work (e) Means of injury

23. Signature W. C. Scalin (M. D. or other)
Address 2743 Franklin Ave. Date signed 3-2-42

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.