

JUL 20 1942 791

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5860

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:
Levee to Homer Phillips Hosp
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 1917 Ofallon
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elkina Spencer

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife Robert Spencer

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. 19, 190
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	40	10	18	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Price Miller

FATHER { 13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stokes

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

16. (a) Informant Robert Spencer

(b) Address 1917 Ofallon

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

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) _____ (b) J. F. Bredner
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1942 hour 12:45 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 _____

Lobar Pneumonia;

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 3

23. Signature Thomas F. Callahan (of other) _____
Address Deputy Coroner Date signed 7/6/42

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

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JUL 10 1942

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. *Myself*

Signed *William Claude Gordon*
Licensed Embalmer No. *3489*
P. O. Address *2649 Delmar Bl*

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.