S. No. 2
M—2-43
5-17-39
I X35827

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12820

State File No.

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3582

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. Luke's Hospital
(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 Kentucky (b) County Henderson

(c) City or town Robards
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country 9

3. (a) PRINT FULL NAME Birdie Spencer

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. Unknown 1880
(Month) (Day) (Year)

8. AGE: Years About 62 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Enick Aikens
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Harriet Ford
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Frances Hall
(b) Address 5164 Waterman Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Robards, Kentucky

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) APR 16 1943 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1943 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from 4-8 1942 to 4-14 1942 that I last saw her alive on 4-14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast with metastases to lungs, skin and intestines

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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?
(Specify type of place)

While at work (e) Means of injury

Signature [signature] (M. D. or other)

Address 3720 W Cabanne Date signed 4/15/43

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3575.....

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, fact should be so stated above.