

FILED SEP 28 1943
 Registration District No. **918**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NEVAL KENNETH SPENCER
 3. (b) If veteran, name war None
 3. (c) Social Security No. 498-09-3787

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Marie Spencer 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased March 29th 1913
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 19
 If less than one day _____ hr. _____ min.

9. Birthplace Bolivar Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Deph.

11. Industry or business Cupples Rubber Co.

12. Name James G. Spencer

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle unknown

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

16. (a) Informant Marie Spencer

(b) Address 903 Aubert Ave

17. (a) Burial (b) Date thereof 9-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belle Springs

18. (a) Signature of funeral director W. H. ...
 (b) Address 2228 So. High Highway Blvd.

19. (a) SEP 17 1943 (b) J. J. ...
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 903 Aubert Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 17th
 year 1943 hour 9 minute 15 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Brain Tumor (Benign)
Edema of Brain
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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)
 (a) Means of injury _____
 23. Signature Alfred Perry (M. D. or other) _____
 Address St. Louis Date signed 9/17/43

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 *Richard W. Steward*

Licensed Embalmer No *4007*

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.