

FILED APR 13 1944 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 days  
In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL") 96  
(d) Street No. 1321 Marcus  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ernest Spann

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. 333-03-9257

4. Sex Male 5. Color or race 2: col 6. (a) Single, widowed, married, divorced. single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 02/31/1894  
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Coach cleaner

11. Industry or business N.Y. Central R.R.

12. Name Ernest Spann

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

14. Maiden name Bethie Quakhamon

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

16. (a) Informant John Spann

(b) Address 1321 So. Empson

17. (a) buried (b) Date thereof 4-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cent

18. (a) Signature of funeral director J. H. Hatcher

(b) Address 2769 Charlevoix ave

19. (a) APR 6 1944 (b) J. J. Bruleck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4,  
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from April  
1, 1944 to April 4, 1944;  
that I last saw h. im alive on April 4, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Albert Macke (M. D. or other) \_\_\_\_\_

Address 2601 W. ... Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

1957-50-882

**STATEMENT BY LICENSED EMBALMER**

333-03-5257

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 J. J. Watson  
Licensed Embalmer No. 2698  
P. O. Address 2769 Chouteau

**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.**