MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6593

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003 File No. ..... Registered No. 1409

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Frances Burt Spaulding

(a) Residence. No. 361 Garden Drive St. // Ward. Jennings, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Minnie Spaulding

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28, 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	0	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Moon Motor Car Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Spaulding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Minnie Spaulding
(Address) 361 Garden Drive

15. FILED ....., 19 ..... Hal C Harker REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1929, to February 7, 1930 that I last saw h. alive on February 7th, 1930, and that death occurred, on the date stated above, at 9.35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of large intestine
UIC
15145 (duration) — yrs. 7 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic parenchymatous nephritis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Louis County
3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 12, 1929
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Postmortem
(Signed) Joseph W. Smyth, M.D.
Feb. 8, 1930 (Address) Deaconess Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Walhalla Crematory	Feb. 10, 1930
20. UNDERTAKER	**ADDRESS**
Drehmann Funeral	1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]
before 1 PM