

REC'D MAY 10 1939

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

791
100312823
Do not use this space.

3165

1. PLACE OF DEATH

- (a) County.....² Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis.....¹ (d) Street No. 2632 S. 11th St...... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ¹⁶³ Harriet Elizabeth Spradling

- (a) Residence, No. 2632 S. 11th St. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Spradling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1881</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>10</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Edward Powers</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)	
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)		
17. INFORMANT <u>David Spradling</u> (ADDRESS) <u>Carbondale, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carbondale, Ill.</u> DATE <u>Apr. 5, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Wacker-Helderle</u> (ADDRESS) <u>2331 S. Broadway</u>		
20. FILED <u>APR 4 1939</u> <u>J. B. Spradling</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1939, to Mar. 25, 1939.
I last saw her alive on Mar. 28, 1939. Death is said to have occurred on the date stated above, at 9 A. M.
The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerosis	?
Essential hypertension	?

Other contributory causes of importance:
Chronic cholecystitis
Acute glaucoma
Probably stones

Name of operation..... Date of.....
What test confirmed diagnosis? EKG..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Y
If so, specify Truman S. Drake
(Signed) 114 N. Taylor, M. D.
(Address) St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Robert Wheeler

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

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No. *2178*

P. O. Address *St Louis mo*

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, above space should be left blank.