

FILED DEC 24 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: Homer Phillips 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 4 days years, months or days)

3. (a) PRINT FULL NAME John M. Spaden

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 21 5. Color or race 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 Oct 20th 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 17 If less than one day
hr. _____ min. _____

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

10. Usual occupation U. S. Post Office

11. Industry or business _____

MOTHER FATHER { 12. Name Anderson McSpaden
13. Birthplace ala
(City, town, or county) (State or foreign country)
14. Maiden name Susie Craig
15. Birthplace Vineland Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cara Watkins
(b) Address 4332nd Fairfax ave

17. (a) Burial (b) Date thereof 12-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 3133 Bell ave

19. (a) DEC 12 1946 (b) J. F. Brudeck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4332nd Fairfax ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1946 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of Aortic Arch
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? Yes (Specify type of place) _____ (e) Means of injury _____

23. Signature Patrick C Taylor (M. D. or other) Sept
Address 1300 Clark Date signed 12/4/46

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.....

working under my personal supervision.

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

Signed

S. 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.