

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129
d. STREET ADDRESS (If rural, give location) 5221 Washington

3. NAME OF DECEASED
a. (First) HENRY b. (Middle) _____ c. (Last) SPEDDEN
4. DATE OF DEATH (Month) (Day) (Year) December 14th, 1950

5. SEX M 0 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Dec-29-78 9. AGE (In years last birthday) 76 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Baltimore Md 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Henry Spedden 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. One Jan Robertson 17. ADDRESS 5221 Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Pernicious Anemia
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthenic Subacute Endocarditis DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H2O

22. I hereby certify that I attended the deceased from 12/5/50 19, to 12/14/50, 19, that I last saw the deceased alive on 12/14/50, 19, and that death occurred at 12:45 am, from the causes and on the date stated above.

23a. SIGNATURE R. T. Reed, Jr., M.D. (Degree or title) 23b. ADDRESS 1515 Lafayette Ave., 23c. DATE SIGNED 12/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) 1) 24b. DATE 12-15-50 24c. NAME OF CEMETERY OR CREMATORY Lake Charles 24d. LOCATION (City, town, or county) (State) St. Louis, Mo

DATE REC'D BY LOCAL REG. 14 1950 REGISTRAR'S SIGNATURE J. W. Sasser 25. FUNERAL DIRECTOR'S SIGNATURE Sullivan & Kelley, 4386 Grand

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

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.

Student Embalmer No.

Signed James A. Lammers

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

P. O. Address 4386 Ludell Bl

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.