

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18823

FILED MAY 17 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 1278

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) MAPLEWOOD		c. LENGTH OF STAY (in this place) 2 YR	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7316 MARIETTA		e. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD 4544	
		d. STREET ADDRESS (If rural, give location) 7316 MARIETTA	

3. NAME OF DECEASED (Type or Print) a. (First) HOLMES b. (Middle) SPALDING c. (Last) SPALDING			4. DATE OF DEATH (Month) (Day) (Year) 5 10 52		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	
8. DATE OF BIRTH ABOUT-1883		9. AGE (in years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	
11. BIRTHPLACE (State or foreign country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U.S.A		13. KIND OF BUSINESS OR INDUSTRY UNKNOWN	

13a. FATHER'S NAME UNKNOWN-SPALDING		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAPLEWOOD POLICE DEPT.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza		1 wk.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 480x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/9/52, 19 , to 5/10/52, 19 , that I last saw the deceased alive on 5/10/52, 19 , and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. F. Riel, MD-D O 2		23b. ADDRESS 7465 Hazel, Maplewood, Mo.		23c. DATE SIGNED 5/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-15-52		24c. NAME OF CEMETERY OR CREMATORY ST-MATTHEW CEMETERY	
		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI			

DATE REC'D BY LOCAL REG. 5-14-52		REGISTRAR'S SIGNATURE Herbert R. Donke, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH 7456 MANCHESTER-MAPLEWOOD MO	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. Burgess* _____

Licensed Embalmer No. *4029* _____

P. O. Address *Maplewood* _____

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.