

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35578**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2409**

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 township) Manchester		c. LENGTH OF STAY (In this place) 3 Mos	c. CITY OR TOWN Wellston LB1
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Manchester Nursing Home		e. STREET ADDRESS (If rural, give location) 1108 Delaware Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) J. c. (Last) Spalding			4. DATE OF DEATH (Month) (Day) (Year) 10/18/55		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 20 1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin Harned	13b. MOTHER'S MAIDEN NAME Frances Rich	14. NAME OF HUSBAND OR WIFE Geo. Lee Spalding Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 289 03 8648	17. INFORMANT'S SIGNATURE OR NAME Virgil Pierce ADDRESS 1937 s. State Springfield, Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		DUPLICATE OF (b) CHRONIC NEPHRITIS		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) ARTERIOSCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **MAY 1**, 19**42**, to **OCT 18**, 19**55**, that I last saw the deceased alive on **OCT. 18, 19 55**, and that death occurred at **10:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. R. Loving (Degree or title) M.D.	23b. ADDRESS BALLWIN MO.	23c. DATE SIGNED 10-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/21/55	24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.
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DATE REC'D BY LOCAL REG 10-20-55	REGISTRAR'S SIGNATURE Robert R. Romberg	FUNERAL DIRECTOR'S SIGNATURE W. Clark ADDRESS Funeral Home Inc. 1125 Hodiarnont Ave.
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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, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Alfred J. Boehl*.....
Licensed Embalmer No. *260*

P. O. Address *11257th*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.