MAY 7 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo/ (No. Firmin Deloge Hospital St. ..... Ward)

File No. 17794

Registered No. 4580

2. FULL NAME George Lee Spalding

(a) Residence, No. 1207a Delaware Ave., St., N R Ward. St. Louis Co.,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie J. Spalding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1875.

7. AGE: YEARS 60 MONTHS 10 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationer Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Kentucky

FATHER

13. NAME George Spalding Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Sarah (Unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Mattie J. Spalding 1207a Delaware Ave.,

18. BURIAL, CREMATION, OR REMOVAL

St. PLACE Ferdinand Cem. DATE April 28/36

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.,

20. FILED APR 27 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936 to 4/26, 1936

I last saw him alive on 4/25, 1936. Death is said to have occurred on the date stated above, at 7.20 A.M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Colon

Date of onset

Other contributory causes of importance:

Name of operation Resection Date of 4/12/36

What test confirmed diagnosis? Lab Was there an autopsy? no

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? No

If so, specify .....

(Signed) R W Alexander, M. D.

(Address) University Club Bldg.,

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.

Dr. Robert D. Alexander,
University Club Bldg.,
Jefferson 7422

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