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

Do not use this space.

29034

File No.

Registered No. 7667

SEP 10 1937

1. PLACE OF DEATH

County /

Township

City St. Louis (No. City Hospital No. 1 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Wilma Spradling

(a) Residence, No. 1217 S. Broadway Rear Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1926

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 10 | 9 | 9 | |

OCCUPATION

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

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Arthur Spradling

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

MOTHER

15. MAIDEN NAME Rose Beckemeyer

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

17. INFORMANT Rose Spradling
(ADDRESS) 1217 S. Broadway Rear

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE AUG 14 1937 19

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) 2001 Lafayette Ave.

20. FILED AUG 14 1937 19 J. F. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12/37 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:05 A.M.

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

| | Date of onset |
|---|---|
| Bronchopneumonia following aspiration of pus from right peritonsillar abscess cause of | |

Other contributory causes of importance:
abscesses unknown.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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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?
If so, specify

(Signed) Alfred J. Perry, M. D.
(Address) Deputy Coroner

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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