

STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4386

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5948 Lucille Ave /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether  
 In this community Not known  
years, months or days)

3. (a) PRINT FULL NAME Katherine Spalding

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife James H. Spalding 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 77 hr. min.

9. Birthplace St. Louis County Missouri  
(City, town, or county) (State or foreign country)  
At home

10. Usual occupation At home

11. Industry or business

12. Name Michael Behan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Nichols

(b) Address 5948 Lucille Ave

17. (a) Burial (b) Date thereof 5/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 26 1941 (b) J. W. Bruders  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 717  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5948 Lucille Ave 9  
(If rural, give location)  
 (e) Citizen of foreign country? No 0 (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23,  
 year 1941 hour 9:55 P.M. minute M.

21. I hereby certify that I attended the deceased from May 23, 1941 to May 23, 1941  
 that I last saw him alive on May 23, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Med  
 Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged etiologically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....  
(Specify type of place) (Means of injury)

23. Signature James Behan (M. D. or other) 0

Address 5536 Kohu Ave Date signed 5/26/41

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William G. Buchholz*  
Licensed Embalmer No. *2110*  
P. O. Address *St. Louis, Mo*

**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.**