

FILED: OCT 21 1942

State File No.

Registration District No. 318

Primary Registration District No. 1003

8511
Registrar's No.

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:
954 Laurel Ave./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 12
(c) City or town..... St. Louis 9 5
(If outside city or town limits, write "RURAL")
(d) Street No. 954 Laurel Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Margaret Ellen Spradling

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Wm. Spradling 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 15th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 24 hr. min.

9. Birthplace Bonne Terre, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Pettis Ringe
13. Birthplace Unknown, Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Unknown
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Verda Waslem
(b) Address 954 Laurel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-42
(Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd

19. (a) OCT 14 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1942 hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from Sept 11, 1942, to Oct. 9, 1942, that I last saw her alive on Sept. 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration uncertain

Due to Arterio sclerotic heart disease uncertain but 3+ yrs.

Due to..... 0

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 statistically.

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) (e) Means of injury.....

23. Signature Orveling J. Huber (M. D. or other) 0
Address 634 N. Island Date signed 10-10-42

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

8511

8511

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.....

Albert G. Hooper

Licensed Embalmer No.....

2971

P. O. Address.....

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.