

SEP 21 1943
Registration District No. 1318

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
In this community 22 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Spaulding

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 16, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	5	29	hr. min.

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

10. Usual occupation labor

11. Industry or business

MOTHER FATHER { 12. Name David Spaulding
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emiline Wideman
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Spaulding
(b) Address 1726 South 12th Street
17. (a) burial (b) Date thereof 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director J. F. Bredesh
(b) Address 2301 Lafayette Avenue

19. (a) SEP 15 1943 (b) J. F. Bredesh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1726 South Twelfth Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14,
year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from September 7, 1943 to September 14, 1943
that I last saw him alive on September 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Purulent Pericarditis

Due to Chronic Interstitial Pneumonia (non-specific)

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy As above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 William J. Dault (M. D. or other) 9/14/43
Address 1515 Lafayette Avenue Date signed _____

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 *L.R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.