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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39822

FILED DEC 28 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10788

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 112½ N. 6th St. 25
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry E. Spradling

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 14, 1888
(Month) (Day) (Year)

8. AGE: Years 56 ~~57~~ Months 11 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name George Spradling
13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Anna Wehrle
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Charles Spradling
(b) Address 1115 Paul Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director WeickBros.
(b) Address 2201 S. Grand Bl.

19. (a) DEC 11 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1945 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Subarachnoid Hemorrhage of the brain; Suffered when deceased fell down a flight of stairs leading from the 2nd to 3rd floor at the Globe Hotel 112½ N. 6th Street on Dec. 8. 1945 at about 9:30 A.M.

Duration

Due to

Due to

Other conditions 186
(Include pregnancy within 3 months of death)

Major findings:
Of operations 38
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) Accident

(b) Date of occurrence Dec. 8 1945

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Globe Hotel (Specify type of place)

While at work? (e) Means of injury 0 above

23. Signature Patrick E. Taylor Dep. Cor. (M.D. or other)

Address 1300 Clark Date signed 12-16-45

(Licensed Embalmer's Statement on Reverse Side)

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 Nancy A. Blanchard

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.