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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

11686
2647

State File No.

Registrar's No.

3-26-46
MAR 30 1946
Registration District No. 318

Primary Registration District No.

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

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:
ST. LOUIS CITY HOSP. NO. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 DAYS
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME..... WILLIAM HENRY SPRADLIN

3. (b) If veteran, name war.....

3. (c) Social Security No. 468-20-6622

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... MAY 31 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

25 9 18 hr. min.

9. Birthplace COMMERCE STOCK CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation..... LABOR

11. Industry or business..... SHOE FACTORY

12. Name..... SILAS C. SPRADLIN

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

14. Maiden name..... LENA SANDERS

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

16. (a) Informant..... MARIE WARREN

(b) Address..... 3713 1/2 ST. LOUIS MO.

17. (a) BURIAL (b) Date thereof..... 3-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... SPRADLING CEM. STOCK CO. MO.

18. (a) Signature of funeral director..... BISTLINGHOFF FUNERAL

(b) Address..... CHAFFEE, MO. MOORE

19. (a) MAR 20 1946 (Date received by Registrar)
J. F. Redbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 100

(c) City or town..... FORNELT
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19
year..... 1946 hour..... 5 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death: 1. Fracture of skull
2. Subdural hemorrhage of brain when he lost control of the motorcycle he was riding, and struck a concrete curb part of front of 1921 Ford coupe owned by H. 20 G. since 1921
1946

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

Major findings: 170
Of operations.....

Of autopsy..... 241

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

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

(b) Date of occurrence..... March 13 1946

(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?
Public place

While at work?..... (Specify type of place)
By means of injury..... car

23. Signature..... Alfred G. Meyer (M.D. or other)

Date signed..... 3/20/46

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.....

John Ketter

Licensed Embalmer No. *3880*

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.