

No. 2
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5-17-39
I - X-3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15664**
Registrar's No. **3578**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(c) Name of hospital or institution: **Barnes Hospital, 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Clay**
(c) City or town **Ingraham**
(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 _____

3. (a) PRINT FULL NAME **Ruth Ann Spaeling**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harry Sparling**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **July 4 1893**
(Month) (Day) (Year)

8. AGE: Years **53** Months **8** Days **28**
If less than one day hr. _____ min. _____

9. Birthplace **Jasper Co. Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Frank Drake**
13. Birthplace **Effingham Co. Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Galloway**
15. Birthplace **Jasper Co. Illinois**
(City, town, or county) (State or foreign country)
16. (a) Informant **Harry Sparling**
(b) Address **Ingraham, Illinois**
17. (a) **Removal** (b) Date thereof **4-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Jasper Co., Ill.**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) **APR 3 1947** (b) **J. F. Brubaker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**
year **1947** hour **3** minute **30** P.M.
21. I hereby certify that I attended the deceased from **March 21**, 19**47**, to **April 2**, 19**47**;
that I last saw her alive on **April 2**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism** Duration **1 hour**
Due to **Thrombophlebitis** **5 weeks**
Due to _____
Other conditions **100**

Major findings: _____
Of operations _____
Of autopsy **massive pulmonary embolus with infarction**
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 **0**
23. Signature **David R. Chord** (M. D. or other) **MD**
Address **Barnes Hospital** Date signed **4-2-47**

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 Elmo K. Cadwell

Licensed Embalmer No. 4077

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.