V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36491

Registration District No. 377 | Primary Registration District No. 3063 | Registrar's No. 2150

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. 96
(c) City or town Pine Lawn, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 6415 Perry Court (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Spradley, Mary
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 Wid.
6. (b) Name of husband or wife Charles Spradley
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 5 (Month) 28 (Day) 1880 (Year)

8. AGE: Years 67 | Months 4 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Muscle Shoals, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Thomas Moore
13. Birthplace Muscle Shoals, Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan
15. Birthplace Unknown (City, town, or county) Ills. (State or foreign country)
16. (a) Informant Dau. Ethel Sauerbrunn
(b) Address 6415 Perry Ct. Pine Lawn, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave.
19. (a) 10-11-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th year 1947 hour 3 minute 10 a. M.

21. I hereby certify that I attended the deceased from September 20th, 1947 to October 8th 1947 that I last saw her alive on October 8th 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro Vascular embolism	10 min
Due to Arteriosclerosis Gen'l c̄ plaques.	5-10 yrs
Due to 196-0	
Other conditions Fx Left femur inter-trochanteric comminuted 9-14-47 (Include pregnancy within 3 months of death)	18 days

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fell at home
(b) Date of occurrence Sept. 14, 1947
(c) Where did injury occur? Home. (City or town) (County) (State) 96
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Albert B. Kunz MD (M. D. or other)
Address 601 S. Brentwood Date signed 10-8-47

Jefferson City Printing Co. (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 William G. Buchholz.

Licensed Embalmer No. 2110

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.