S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10702
Registrar's No. 2790

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 5653 Roosevelt Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 000
(c) City or town St. Louis Missouri 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5653- Rooseveldt Pl. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida C. Spalding
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alphonse Spalding
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct. 12th, 1887 (Month) (Day) (Year)
8. AGE: Years 60 Months 5 Days 8 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name David Knight
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Theresa Knight
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Alphonse Spalding
(b) Address 5653 Roosevelt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mark Tiernan
(b) Address 6100 W. Florissant
19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3-20- day
year 1948 hour 9 minute 40 A. M.
21. I hereby certify that I attended the deceased from About Ten years. 19 38 to 3-20-1948 19 ;
that I last saw her alive on Mar-20th-1948 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia and Coma — Duration 2) wks
Due to Cardio-renal-vascular disease — 10
Due to Hypertension Years — 10
Other conditions Cardiac decompensation 2) yrs.
(Include pregnancy, within 3 months of death)
Major findings: all Denile type.
Of operations ---------
Of autopsy No.

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Luke B Tiernan (M. D. or other)
Address 373 4- Jennings Road. Date signed

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.....Mark Pierson.....

Licensed Embalmer No.....4174.....

P. O. Address.....6100 N. Florissant.....

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.