

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 hrs.
(Specify whether years, months or days)
 In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis?
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1410 Papin St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ruth McSpadden
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 2
 year 1948 hour 5 minute 40 A.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.

4. Sex Female 5. Color of race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased 12 1 1920
(Month) (Day) (Year)

Immediate cause of death Eclampsia
 Duration _____
 Due to _____
 Due to Pregnancy

8. AGE: Years Months Days If less than one day
27 8 1 hr. _____ min.

Other conditions 148
(Include pregnancy within 3 months of death)

9. Birthplace Hope Ark.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Arthur Kennedy
 13. Birthplace Hope Ark.
(City, town, or county) (State or foreign country)
 14. Maiden name Pearl Johnson
 15. Birthplace Hope Ark.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Fred McSpadden
 (b) Address 1410 Papin
 17. (a) Burial (b) Date thereof 8-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood

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? _____

18. (a) Signature of funeral director Bennie Love
 (b) Address 3103 Washington Blvd
 (c) AUG 5 1948
(Date received local registrar)
 19. (a) J. B. Beck
(Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Ruth McSpadden (M. D. or other) _____
 Address _____ Date signed 8/11/48

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

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. 1.....

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address. 4575 Albia

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.