

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44482

FILED DEC 16 1953

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State File No. ....

Registrar's No. 11490

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <input checked="" type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>36 DA.</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>117 N. FRISCO AVE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>FLOYD</u> c. (Last) <u>SPRADLING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 3, 1953</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 6, 1894</u>		
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MFG.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK SPRADLING</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN TERRY</u>			14. NAME OF HUSBAND OR WIFE <u>FLORENCE ROEDER SPRADLING</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-05-7768</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Florence Spradling</u> ADDRESS <u>117 N. Frisco Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic Brain tumor</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of lung</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 mos</u>  <u>6 mos</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>163X</u>				
22. I hereby certify that I attended the deceased from <u>10/28/53</u> , 19 <u>53</u> , to <u>12/28/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/2/53</u> , 19 <u>53</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. G. Arney M.D.</u> (Degree or title)			23b. ADDRESS <u>16 Hamilton Valley</u>			23c. DATE SIGNED <u>12/4/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAK HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 4 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>MITTELBERG FUNERAL HOME 22 W. LACKWOOD AVE WEBSTER GROVES MO.</u>				

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

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *4787*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.