

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35183

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9425**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5653 Roosevelt Pl</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
5. STREET ADDRESS <b>6 5653 Roosevelt Pl</b>		(If rural, give location)			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Alphonsus</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Spalding</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 27 55</b>		
--	--	--------------------------------	---------------------------	------------------------------	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-1-1880</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 HRS. Hours	Min.
-----------------------	----------------------------------	--	--------------------------------------	--	---------------------------	--------------------------	--------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watch Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Bards Town Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>Nicholas Spalding</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown Simms</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Spalding (Deceased)</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Spalding</b>	ADDRESS <b>5653 Roosevelt Pl</b>
--	---	--	-------------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Arteriosclerosis Heart Disease</b>			<b>2 years</b>
	DUE TO (c) <b>Cardiac Decompensation</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>42000</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Feb 1952** to **10/27**, 1955, that I last saw the deceased alive on **10/18**, 1955, and that death occurred at **5:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles G. Molder, M.D.</b>	23b. ADDRESS <b>3121 N. Grand</b>	23c. DATE SIGNED <b>10/28/55</b>
--	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-31-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>OCT 28 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>1125 W. Clark Funeral Home Inc</b>	ADDRESS <b>1125 W. Clark Ave</b>
--	--	---	-------------------------------------

WRITE PLAINLY—USING 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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *V E Morris*.....

Licensed Embalmer No. *336*.....

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.