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3159

STANDARD CERTIFICATE OF DEATH

State File No. 40118
9889

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3712-A South Jefferson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....

(c) City or town Saint Louis, 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3712-A South Jefferson Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.?0 years.

3. (a) PRINT FULL NAME Marie Sprenger,

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Widowed.

6. (b) Name of husband or wife August Sprenger

6. (c) Age of husband or wife if alive 10th, 1882. years

7. Birth date of deceased January 10th, 1882.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>21</u>	hr. min.

9. Birthplace Unknown Germany 6
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 6

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown 6

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry A. Sprenger -
(b) Address 4712-A Virginia Ave.

17. (a) Burial (b) Date thereof Dec. 4; 1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2683 Cherokee Street.

19. (a) DEC 9 1940 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st,
year 1940. hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1, 1939 to Dec. 1, 1940;
that I last saw h. or. alive on December 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration

Due to Chronic Coronary Disease 2 yrs
Chronic Myocarditis 4 yrs

Due to.....

Other conditions 9/20
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to 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?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature E. E. Eigel (M. D. or other) M. D.
Address 3800 So. Broadway Date signed 12/2/40

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

0A
0A

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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