DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 537

Registration District No. 791 — FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 537

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: St. Anthonys Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Rock Creek R.F.D. N.R.60
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Sprock

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Reinhold Sprock

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March (Month) 8 (Day) 1868 (Year)

8. AGE: Years 73 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Rock Creek (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Joseph Sprock
(b) Address Valley Park, Mo. R 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Rock Creek Cem.

18. (a) Signature of funeral director Kenneth W. Rock
(b) Address Fenton, Mo.

19. (a) JAN 18 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1941 hour 5 minute 10 A M.

21. I hereby certify that I attended the deceased from Jan. 14, 1941, to Jan 17, 1941; that I last saw her alive on Jan 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia (bilateral)	4 days
Due to Pneumococcus Type 21	
Due to	
Other conditions Bronchial Asthma (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Frank F. Huck (M. D. or other) M.D.
Address Fenton, Mo. Date signed 1/17/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 1 X19511

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 Kenneth H. Koch

Licensed Embalmer No. 3047

P. O. Address Fenton

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, above space should be left blank.