

No. 2
1-13-40
-17-39
X23150

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8919
State File No. _____
2329
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5230 Idaho 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 _____
years, months or days)

3. (a) PRINT FULL NAME John Sprenger
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Sprenger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 18, 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace New York /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 11 Years

11. Industry or business Night Watchman

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. August Berg

(b) Address 5230 Idaho Ave.

17. (a) Burial (b) Date thereof 3-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 Grand Blvd.

19. (a) MAR 14 1941 (b) J. W. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00015
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5230 Idaho Ave., 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month March day 13 the
year 1941 hour 10 minute am.

21. I hereby certify that I attended the deceased from February 1st, 41 to Death, 1941;
that I last saw him alive on March 13th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 1 week
Duration

Due to _____
Due to _____

Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death) 1 Yr. PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 C

23. Signature Dr. W. H. Walters (M. D. or other) M. D.
Address 3608 So. Grand Blvd. Date signed 3/14/41

Dr. Walters
3608 S. Grand PM
La. 7891 788

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

Virgil L. Berryman

Licensed Embalmer No.

4018

P. O. Address

St Louis Mo.

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.