

V. S. No. 2  
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Rev. 5-17-35  
X35897

29406

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1982

SEP 4 1943

Registration District No. 217

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo. R.H.

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

(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Sprecher

3. (b) If veteran, name war No

3. (c) Social Security No. 489-01-485

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 20th, 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58	4	8	
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hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

Usual occupation Foreman

11. Industry or business Haase Foods Co.

MOTHER FATHER

12. Name Louis Sprecher

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

14. Maiden name Louisa Ruchnerhoff (City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Elsie Sprecher

(b) Address 4538 Fair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/43 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) SEP 2 - 1943 (Date received local registrar) (b) E. G. Mc Gowan (Registrar's signature) 75

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 000 17 9

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4538 Fair Ave. (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 28th, 1943 day

year 8 hour 25 minute A. M.

21. I hereby certify that I attended the deceased from August 7<sup>th</sup> to Aug 28<sup>th</sup>, 1943

that I last saw him alive on Aug 28, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Multiple abscesses of liver

Due to septicemia

Due to organism in blood from rat not identified being kept by university lab (St. Louis University)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

Duration	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 Homer C. ... M. D. or other 8/30/43

Address 466 Maryland Date signed \_\_\_\_\_

DEC 7 1974

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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..... *J. W. Wilkinson*  
Licensed Embalmer No..... *3575*  
P. O. Address.....

**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.**