S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36958

FILED DEC 13 1943

Registration District No. 318

Primary Registration District No. L1003

Registrar's No. 10644

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: CHRISTIAN Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON

(c) City or town COLLINSVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. 439 SPRING STREET
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country LITHUANIA

3. (a) PRINT FULL NAME AUGUSTA SPRINOT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB. (Month) 11 (Day) 1873 (Year)

8. AGE: Years 70 Months 9 Days 21 If less than one day hr. 6 min.

9. Birthplace (City, town, or county) LITHUANIA (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

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

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

16. (a) Informant Emma Gauen

(b) Address COLLINSVILLE, ILL.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Dec 2, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ill.

18. (a) Signature of funeral director Herbert A. Kassly

(b) Address Collinsville, Ill.

19. (a) DEC 4 1943 (Date received local registrar) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day December year 1943 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from Nov 29, 1943, to Dec 2, 1943 that I last saw her alive on Dec 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	24 hrs
Due to Herniography	
Due to	
Other conditions Strangulated Indirect Inguinal Hernia (Include pregnancy within 3 months of death)	
Major findings: Of operations Bowel obstruction due to Strangulated Hernia	
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 Roul McElvain (M. D. or other) MD

Address 4356 Warne av. Date signed 12/2/43

(Licensed Embalmer's Statement on Reverse Side)

10644

10644

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 Herbert A. Kassly Not E. Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Herbert A. Kassly

Licensed Embalmer No. 2803

P. O. Address Collinsville, Ill.

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.