

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1013

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 756

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Raymond Lee Spragle

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex Male 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 March 29, 1892
(Month) (Day) (Year)

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

51 9 25 hr. min.

9. Birthplace Scow Falls, N.Y. South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name L.D. Spragle

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

14. Maiden name Elizabeth Weston

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

16. (a) Informant Mrs. Norman Puck

(b) Address St. Charles, MO

17. (a) Removal (b) Date thereof Jan 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honesdale, Pennsylvanian

18. (a) Signature of funeral director Hackmann - Baker

(b) Address 326 N. 6th St. St. Charles, Mo

19. (a) JAN 25 1944 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 925 N. Kingshighway
(If rural, give location) N.R.

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1944 hour 11:40 minute P M.

21. I hereby certify that I attended the deceased from August 26, 1943, to Jan 24, 1944; that I last saw him alive on Jan 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic emphysema of right pleural cavity

Due to Non-tubercular

Due to 12/31/43

Other conditions Chronic nephrosis
(Include pregnancy within 3 months of death)

Duration
?

Major findings: Of operations.....

Of autopsy Pleural cavity filled w/ pus and both pleura were thickened.

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 M. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 1/25/44

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 *Howard H. Rawland*

Licensed Embalmer No. *3114*

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.