

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10559**
Registrar's No. **105**

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Fulton**
(c) Name of hospital or institution: **State Hospital 2**
(d) Length of stay: In hospital or institution **1 mo. 13 days**
In this community **1 mo. 13 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **8436 Manchester Ave**
(e) Citizen of foreign country? **yes**
If yes, name country **Austria**

3. (a) PRINT FULL NAME **Veronica Sprung**
3. (b) If veteran, name war
3. (c) Social Security No.

20. DATE OF DEATH: Month **March** day **24**
year **1944** hour **9** minute **40 P.** M.
21. I hereby certify that I attended the deceased from **March 24**
1944 to **March 24** 19**44**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **John Sprung**
6. (c) Age of husband or wife if alive **12** years
7. Birth date of deceased **Oct. 12 1864**

that I last saw h. **pr.** alive on **March 24** 19**44**
and that death occurred on the date and hour stated above.
Immediate cause of death **Chronic Myocarditis**

8. AGE: Years **79** Months **5** Days **12**
If less than one day hr. min.

Due to **Generalized arterio sclerosis**
Due to

9. Birthplace **Austria 4**
10. Usual occupation **Housewife**

Other conditions **93d**
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name **Unknown**
13. Birthplace
14. Maiden name
15. Birthplace

Major findings:
Of operations
Of autopsy
PHYSICIAN:
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Anna Huering**
(b) Address **Somax Mo**
17. (a) **Burial** (b) Date thereof **Mar 27 1944**
(c) Place: burial or cremation: **St Peter & Paul**
18. (a) Signature of funeral director **Fendler**
(b) Address **7420 Michigan Ave St Louis Mo**
19. (a) **Mar 25-44** (b) **Jessie Mosankoff**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?
(e) Means of injury
23. Signature **Forness Thomas** (M. D. or other)
Address **Fulton Mo** Date signed **3/25/44**

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

MOTHER FATHER

1147

(Licensed Embalmer's Statement on Reverse Side)

After state no 1

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-10-44

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 Olive E. Fendler

Licensed Embalmer No. 4148

P. O. Address St. Louis, Missouri

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.