

FILED MAY 17 1946
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

1200

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hrs.
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Fred W. Sprinkle

3. (b) If veteran, name war. No. _____ 3. (c) Social Security No. 498-I4-2324

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 19th, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business American Car & Fdry. Co.

12. Name Winslow Sprinkle

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

14. Maiden name Minerva Simmons (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Marie A. Kline

(b) Address 704 Ponce St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/46
(Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

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

(b) Address 3402 N. Kingshighway

19. (a) MAY 9 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1946 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) _____ Means of injury Car

23. Signature Patrick E. Raynor (M.D. or other) _____

Address 1300 Clark Date signed 5-9-46

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

17811

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 W. 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.