

S. No. 2
-12-45
5-17-39
I X47070

FILED JAN 23 1948
Registration District No. **18**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **SEURGES DRUG DIETEN ROUTE**
(If not in hospital or institution, write street number or name)
to Home Phillips Hosp.
(d) Length of stay: In hospital or institution (Specify whether)
In this community **11** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COO**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3427 PINE ST.**
(If rural, give location)
(e) Citizen of foreign country? (Yes) No
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM SPROLING**

3. (b) If veteran, name war **NONE**
(c) Social Security No. **455-267814**

4. Sex **MALE** 5. Color or race **COL.**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **BERTHA SPROLING**
6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **6-21-06**
(Month) (Day) (Year)

8. AGE: Years **40** Months **6** Days **17** If less than one day hr. min.

9. Birthplace **BISCOE ARK.**
(City, town, or county) (State or foreign country)
10. Usual occupation **JANITOR**

11. Industry or business
12. Name **HARRY SPROLING**
13. Birthplace **BISCOE ARK.**
14. Maiden name **MARGRETT WARD**
15. Birthplace **NORTH CAROLINA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha Sproling**
(b) Address **3427 PINE ST.**
17. (a) **REMOVAL** (b) Date thereof **1-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BISCOE ARK.**

18. (a) Signature of funeral director **Herman A. Allen**
(b) Address **4254 W. FINNEY AVE.**
19. (a) **JAN 10 1948**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** - **8** day
year **1947** hour **2** minute **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 **Coronary Thrombosis**
Duration

Due to _____
Due to _____

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

Major findings: Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Patricia E. J...** (M. D. or other) **3**
Address **Ally - Co** Date signed **1/9/48**

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

MOTHER, FATHER

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:

Char. L. Howell

Licensed Embalmer No.

2452

P.O. Address.....

1834 Gamble

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.