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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10707
2891

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether years, months or days)
In this community 6 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County MADISON 999
(c) City or town VENICE 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 MAIN ST. 0
(If rural, give location) N.R.
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME MARGARET SPRATLEY
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife WILLIAM
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC 15 (Month) — (Day) 1875 (Year)
8. AGE: Years 72 Months 3 Days 8 If less than one day hr. min.
9. Birthplace MADISON Co. ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
FATHER 12. Name UNKNOWN
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Leota Keller
(b) Address 2259 Edison Granite City
17. (a) Burial Burial, cremation, or removal (b) Date thereof Mar. 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetery
18. (a) Signature of funeral director Frank J. Fahey
(b) Address Madison Illinois
19. (a) MAR 24 1948 (Date received by Registrar) J. F. Bradcak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23rd year 1948 hour 10:05 minute P.M.
21. I hereby certify that I attended the deceased from 18 March 1948 to 23 March 1948 that I last saw her alive on 23 March 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Obstructive Jaundice	unknown
Due to: Stricture Common bile duct	
Due to: Cholelithiasis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Stricture common bile duct
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 0
23. Signature Roy H. Schmemeier (M. D. or other) M.D.
Address De Paul Hospital St Louis Mo Date signed 23 March '48

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

(Licensed Embalmer's Statement on Reverse Side)

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 Francis J. Lahey

Licensed Embalmer No. 2792

P. O. Address Madison 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.