S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10708

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3031

0 17 9

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: 7146 Mardel Ave.
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 7146 Mardell Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry Sprenger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loretto A.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 26 (Day) 1889 (Year)

8. AGE: Years 58 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Florist

11. Industry or business

FATHER
12. Name Henry Sprenger Sr.
13. Birthplace Germany (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Richartz
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Sprenger (son)
(b) Address 7146 Mardel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.

19. (a) MAR 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1948 hour 9 minute 10 M.

21. I hereby certify that I attended the deceased from June 12, 1948, to March 27, 1948, that I last saw him alive on 3/20/48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature P B Cappel MD (M. D. or other) MD

Address 3284 Broadway Date signed 3-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.