

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

39322
State File No. 9741

318

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>City of St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>St. Louis City</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>17</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1425 Cutter ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u>			b. (Middle) _____			c. (Last) <u>SPRUNG</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1949</u>							
5. SEX <u>Fe.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-25-1895</u>	
9. AGE (in years) (last birthday) <u>54</u>		10. UNDER 1 YEAR (Months) (Days) <u>7</u> <u>10</u>		11. UNDER 12 HRS. (Hours) (Min.) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? _____							
13a. FATHER'S NAME <u>Edward Lochbihler</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Frank</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Joseph Sprung</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. A. Rother, 1125 Cutter Ave. St. Louis, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>							
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
DUE TO (b) <u>Hypertension.</u>							
DUE TO (c) <u>Arteriosclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis, chronic.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>17</u> (STATE) <u>97</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>			
22. I hereby certify that I attended the deceased from <u>Mar. 9, 1946</u> to <u>Nov. 1, 1949</u> , that I last saw the deceased alive on <u>11/1/49</u> , 19 <u>49</u> , and that death occurred <u>8:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>AM. G. Wood</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1001a McCansland St. St. Louis</u>		23c. DATE SIGNED <u>11/11/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 12 1949</u>		REGISTRAR'S SIGNATURE <u>J B Sarator</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.</u>		

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

11115

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J.P. Burgess.....

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.