

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11661

FILED APR 28 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 454

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>113 N.17th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Carl</u> c. (Last) <u>Sprenzel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1951.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Febr. 3, 1872</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Park Board.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Carl Sprezel</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Neth</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Ringel</u> ADDRESS <u>St. Joseph, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease with Auricular fibrillation</u>			<u>Unknown</u>
ANTECEDENT CAUSES: <u>Due to (b) Other Conditions: Generalized severe Arteriosclerosis</u>			<u>Unknown</u>
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (c) Carcinoma splenic flexure colon Dehydration, severe</u>			<u>Unknown</u> <u>1 week</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 M</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr. 12, 1951</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>Apr. 13, 1951</u> and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm W. Tracy M.D.</u> (Degree or title)		23b. ADDRESS <u>Tootle Building St. Joseph Missouri</u>	23c. DATE SIGNED <u>4-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 17, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>April 26, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>	ADDRESS <u>St. Joseph, Mo.</u>

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 \_\_\_\_\_

\*\*\*\*\*      \* \* \* \* \*

working under my personal supervision.

Student Embalmer No. ....

\*\*\*\*      \* \* \* \*

Signed \_\_\_\_\_

*Raymond H. Marchessault*

Signed.....  
Student Embalmer

\*\*\*\*\*      \* \* \* \* \*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.