

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44028**
Registrar's No. **11917**FILED JAN 18 1955
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 1 Mo	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1			STREET ADDRESS (If rural, give location) 23 1529 VAIL PL. 22390		
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) O c. (Last) SPRUNG			4. DATE OF DEATH (Month) (Day) (Year) 12 28 54		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEPERATED	8. DATE OF BIRTH MAR. 4, 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIN TAINENCE		10b. KIND OF BUSINESS OR INDUSTRY F. D. GARDNER		11. BIRTHPLACE (City and State or Foreign Country) HUNGARY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Sprung		13b. MOTHER'S MAIDEN NAME VERONICA KNAPP		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1917-1933		16. SOCIAL SECURITY NO. 493-16-4089	17. INFORMANT'S SIGNATURE OR NAME Michael J Sprung ADDRESS 1529 VAIL		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma	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) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (c) Coronary Thrombosis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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? 162x			
22. I hereby certify that I attended the deceased from 11-22 , 19 54 , to 12-28 , 19 54 , that I last saw the deceased alive on 12-28 , 19 54 , and that death occurred at 7:05 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Leo Munko MD			23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 12-30-54
24a. LOCAL CREMATION REMOVAL (Specify)	24b. DATE 12-31-54	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM. LEMAY 23, MO	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. DEC 30 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE FENDLER ADDRESS UNC, C. 7420 Michigan		

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.