

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6533

FILED MAR 10 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1473**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (in this place) 9 Days	c. CITY OR TOWN St. Johns	d. Is Residence within limits of a city or incorporated town? Yes # 1 No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital		STREET ADDRESS (If rural, give location) 8701 David Ave.	

3. NAME OF DECEASED (Type or Print) Ann Marie Sprick		4. DATE OF DEATH Feb 15 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 13 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) Months Days Hours Min. 57
11a. FATHER'S NAME Emory Small		11b. BIRTHPLACE (City and State or Foreign Country) Litchfield Illinois	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Ida Purdy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME August Sprick		ADDRESS St. Johns	

13a. FATHER'S NAME Emory Small		13b. MOTHER'S MAIDEN NAME Ida Purdy		14. NAME OF HUSBAND OR WIFE August Sprick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME August Sprick	
				ADDRESS St. Johns	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Ischemic Heart Disease Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension			
		DUE TO (c)			
		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 type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X	
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22. I hereby certify that I attended the deceased from **2/6/55**, 19**55**, to **2-15**, 19**55**, that I last saw the deceased alive on **2-15**, 19**55**, and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE Clarence A. Drummond		(Degree or title) M.D.		23b. ADDRESS 1927th Miami	
23c. DATE SIGNED 2/16/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 18 1955	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Litchfield Illinois			

DATE REC'D BY LOCAL REG. FEB 16 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier Mortuary 10123 St. Chas Rd.	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

10.300
0.48

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..... *Mildon Collins*

Licensed Embalmer No. *338*

P. O. Address *101238th*

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.