

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

State File No. **11134**
2901
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 11134 2901				
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, Mo.		c. LENGTH OF STAY (In this place) 6 yrs. 3 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 (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hospital				e. STREET ADDRESS (If rural, give location) 24 3652 s. Jefferson Ave.,						
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) L		c. (Last) Sprich		4. DATE OF DEATH (Month) (Day) (Year) March 24-1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept 3, 1882		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri, Oakville		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Busick			13b. MOTHER'S MAIDEN NAME Louise Idecker			14. NAME OF HUSBAND OR WIFE Adolph Sprich				
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Winter 7515 S Lindbergh					
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) Cerebral Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last, DUE TO (b) Generalized Arteriosclerosis								
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumo pneumonia								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 334x						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) (Min.) _____		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 Dec. 21, 1950 , to March 24, 1957 , that I last saw the deceased alive on March 24, 1957 , and that death occurred at 11:55 A.M. from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) George M. Tanaka, M.D.				23b. ADDRESS 5600 Arsenal			23c. DATE SIGNED 3/25/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/27/1957	24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAR 26 '57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois					

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

Part of 1988

USA

Oakville

at home

2512 S Lindbergh

Emerald

no

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 *Ronald E. Ben*
Licensed Embalmer No. *463*

P. O. Address *7077*

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.

J. J. Schuchman & Sons 3025 Oakville

Embalmer