

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004396

FILED VS FEB 1 1960 317

Primary Registration District No. 542 Registrar's No. 167

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MO b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 4 months	c. CITY OR TOWN FERGUSON, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1013 HUTTON PL. FERGUSON MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1013 HUTTON PL.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS A. SPRAU			4. DATE OF DEATH Month Day Year JANUARY 13 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRANK J. SPRAU		13b. MOTHER'S MAIDEN NAME LOUISE BEQUETTE		14. NAME OF HUSBAND OR WIFE ADDIE SPRAU	
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. 494-28-8609		17. INFORMANT WOODROW SPRAU 6860 DALE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). UNDIFFERENTIATED ADENOCARCINOMA IN RECTOVESICAL SPACE, PRIMARY UNKNOWN					INTERVAL BETWEEN ONSET AND DEATH 5 1/2 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from AUGUST 11, 1959 to DEC. 22, 1959 and last saw her/him alive on DEC. 22, 1959 Death occurred at 10:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. D. Emillion, M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 1/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-18-60	23c. NAME OF CEMETERY OR CREMATORY VALLE SPRING CEMETERY		23d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO	
24. FUNERAL DIRECTOR HOWARD H. MICHEL 5930 SOUTHWEST		25. DATE RECD. BY LOCAL REG. 1-15-60		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. San Jr

Licensed Embalmer No. 4800

P. O. Address Hubwood St

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.