MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16101

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County: St Charles — Registration District No.: 757 — File No.:

Township: St Charles — Primary Registration District No.: 5098 — Registered No.: 66

City: St Charles (No. Insane Asylum St. Ward)

2. FULL NAME Caroline Sprockelmeyer

(a) Residence. No. 226 Pike St. 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Sprockelmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec - 25 - 1848

7. AGE: Years 78 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Marthasville (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm Koeneke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Wm. E. Sprockelmeyer (Address) St Charles Mo

15. FILED 5-6 1927 Otto Beckemeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1927

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1927, to May 4, 1927, that I last saw her alive on May 4, 1927, and that death occurred, on the date stated above, at 3.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia
97

(duration) 2 yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Senile Arteriosclerosis (duration) 10 (?) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1010
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No: DATE OF:

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) A P Friedrichs, M. D

May 5, 1927 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Methodist Cemmetary — DATE OF BURIAL: May 6 - 1927

20. UNDERTAKER: Steinbrinker Furn. Co — ADDRESS: St Charles Mo

Dr Schulz