

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

Do not use this space.

18425

1. PLACE OF DEATH

County St. Louis
Towship Central
City Richmond Plains

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 119
St. _____ Ward)

2. FULL NAME

Mary Sprecher
(a) Residence. No. 2529 Weaver St., _____ Ward.

Maplewood Mo.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 12, 1868

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>60</u>	<u>3</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

at S.W. & B.

(c) Name of employer

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

Mo. 73rd

10. NAME OF FATHER

Samuel S. Sprecher

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

Pa.

12. MAIDEN NAME OF MOTHER

Mary E. Tully

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

14.

INFORMANT Mrs. Belle S. Fraser
(Address) 2529 Weaver

15.

FILED 5/14 1928 Maplewood Mo.
C. B. Weaver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13, 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____, Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Homicide struck by auto driven by Louis Satori on Marshall & Mariet av, Maplewood - 5/13/28
Fractured rib, ruptured spleen

CONTRIBUTORS (SECONDARY)

Injury

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Louis H. Bopp, M. D.

5/14, 1928 (Address) 131 Argonne, Kirkwood 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

Calvary Cem.

DATE OF BURIAL

May 15, 1928

20. UNDERTAKER

Mullen and Co.

ADDRESS

5165 Delmar Blvd.

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.

JUL 9

