

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

File No. 21683

Township St. Ferdinand

Primary Registration District No. 6030

Registered No.

City Pennington

(No. 8815)

Blenheim Ave

St. Ward)

2. FULL NAME

(a) Residence. No. 8815 Blenheim Ave St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Linda Sprackley

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

Oct. 17 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

38

8

11

8. OCCUPATION OF DECEASED

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

Carpenter

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cowden Ill.

10. NAME OF FATHER

George R. Sprackley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Jenny Banning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14.

INFORMANT
(Address)

Mrs. Linda Sprackley
8815 Blenheim Ave

15.

FILED June 29 1928

G. A. Schuster

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

June 28 1928

17.

I HEREBY CERTIFY That I attended deceased from

June 18 1928, to June 28 1928
that I last saw him alive on June 28 1928, and that death occurred, on the date stated above, at 8:19 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Broncho (Septic) Pneumonia
115B
36 101A
(duration) ... yrs. ... mos. 2 da.

CONTRIBUTORY (SECONDARY)

Septic pneumonia from teeth extraction (duration) ... yrs. ... mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

19. DID AN OPERATION PRECEDE DEATH?

NO

20. WAS THERE AN AUTOPSY?

NO

WHAT TEST CONFIRMED DIAGNOSIS?

clinical

(Signed) E. H. Plummer, M. D.

6-29, 1928 (Address) 8807 W. Flourissant

*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

DATE OF BURIAL

Cowden, Ill.

June 30 1928

20. UNDERTAKER

Mat. Hermann & Son
4103 W. West
Flourissant Ave

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.

DEC 27 1945

68