

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

Do not use this space.

3118

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 (PERR) Registered No. 327
 City St. Louis (No. 3956 Bates) St. Ward)

2. FULL NAME Elizabeth Spraul
 (a) Residence. No. Woodrow, Colorado. 15 Ward. Woodrow Colo.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amanda Spraul</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 22 - 1862</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>-</u>
	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housework</u>		
(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) Germany. 10

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Amanda Spraul
 (Address) Woodrow Colorado.

15. FILED 9 11 19 May C Starbuck
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1931
17. I HEREBY CERTIFY, That I attended deceased from October 20, 1930 to Jan 7, 1931
 that I last saw her alive on Jan 7, 1931, and that death occurred, on the date stated above, at 10³⁰ A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
Chronic Bronchitis (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) non Tubercular (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
20. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical - liquid & histology
 (Signed) H. H. Hester, M. D.
Jan 7 1931 (Address) 3608 S Grand Blvd.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews **DATE OF BURIAL** Jan 10 1931

21. UNDERTAKER Wacker Hildebrand **ADDRESS** 2338 So Bidway

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.

