

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

Do not use this space.

37916

NOV 13 1934

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 4160, Warne Ave) St. Ward)

File No.
Registered No. **10401**
St. Ward)

2. FULL NAME

Charles R. Sprick
(a) Residence, No. 4160 Warne Ave, St. 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Binder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Emile Sprick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Emma Sprick
(ADDRESS) 4160 Warne Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Celvary DATE 10.29, 1934

19. UNDERTAKER Probst Und. Co.
(ADDRESS) 3710 Grand Blvd

20. FILED 27 1934, 19
J. H. Beck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 to Oct 25.
I last saw him live on Oct 25 at 3:45 p.m. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Paresis
Secondary meningitis
Age 12 4/11
Other contributory causes of importance:
old tuberculi

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. H. Beck
(Address) 702 1/2 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr. K. A. E. King
H. A. O. 2. L. E. C. and