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

Do not use this space

APR 29 1935

14395

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 3224

City St. Louis (No. Jewish Hospital ..... St. ..... Ward)

2. FULL NAME Emily M. Sproule

(a) Residence, No. 5175 Lindell Av. St.; N 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Andrew Sproule

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

MOTHER

15. MAIDEN NAME Florenda Moody

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

17. INFORMANT Eliza J. Sproule
(ADDRESS) 5175 Lindell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE April 9 1935

19. UNDERTAKER Wagner Undt. Co.
(ADDRESS) 3621 Olive St.

20. FILED APR 8 1935 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb —, 1934, to April 6, 1935

I last saw her alive on April 6, 1935 Death is said to have occurred on the date stated above, at 5 p.m.

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

	Date of onset
Lymphosarcoma - (neck) primary in neck	1/34

53

Other contributory causes of importance:
Metastatic Sarcoma in pelvic bones

Name of operation Posterior root Section Date of 4/2/35
What test confirmed diagnosis? Laboratory Was there an autopsy? yes

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? .....
If so, specify .....

(Signed) Sister Tuholsky, M. D.
(Address) 453 N Taylor

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.

ace.