

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.

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

Do not use this space.

DEC 12 1935

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis.** (No. **4726 McMillan Ave.**) St. **37685** Ward **9659**

2. FULL NAME

Mary Ahrens Sprick
 (a) Residence, No. **#4726 McMillan Ave.** Ward. **12**
 (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

| | | |
|---|---|---|
| SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur G. Sprick | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1877 | | |
| 7. AGE | YEARS 58 | MONTHS 6 |
| | DAY 14 | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | At Home |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Ill. | | |
| FATHER | 13. NAME Thos. J. McKinney | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Ill. | |
| MOTHER | 15. MAIDEN NAME Unknown | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown | |
| 17. INFORMANT (ADDRESS) Arthur G. Sprick #4726 McMillan Ave | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 11-19-35 | | |
| 19. UNDERTAKER (ADDRESS) P. R. Lupton & Sons #4449 Olive St | | |
| 20. FILED NOV 18 1935 19 J. T. Bredeck Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 17, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 17**, 19**35**, to **Nov 17**, 19**35**.
 I last saw her... alive on **Nov 17**, 19**35**. Death is said to have occurred on the date stated above, at **11:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
Other contributory causes of importance:
Chronic Hypertension
920
Recent fracture

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) **W. A. ...** M. D.
 (Address) **402 Wald St**

Wall Tldg. #1

Je 5600

Res. 556 Delford

Ca 1066

11-^{PM} / ^{PM}