

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937** 791  
County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. **18604**  
City **St. Louis Mo.** (No. **St. Anthony's Hosp.**) Registered No. **5180**  
St. .... Ward

2. FULL NAME **Matilda Sprock**  
(a) Residence, No. **High Ridge, Mo.** St. **N.R.** Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7/26/1884**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**35 52 9 26**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/22/37**, 19  
22. I HEREBY CERTIFY, That I attended deceased from **May 16 1937**, to **May 22 1937**  
I last saw him alive on **May 22 1937**. Death is said to have occurred on the date stated above, at **3 P.M.**  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**  
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

**Ruptured cystic adeno-carcinoma of right ovary, with rupture of the adherent intestine.**  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Valley Park, Mo.**  
13. NAME **August Schaal**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
15. MAIDEN NAME **Unkown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

Other contributory causes of importance:  
**Cancer**  
Name of operation **Laparotomy** Date of **5/7/37**  
What test confirmed diagnosis? Was there an autopsy? **No.**

17. INFORMANT **Joseph Sprock**  
(ADDRESS) **Valley Park, Mo.**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Foot Creek, Mo.** DATE **5/25/37**  
19. UNDERTAKER **Kenneth W. Koch**  
(ADDRESS) **Clinton, Mo.**  
20. FILED **MAY 24 1937**  
**J. Bredeck**  
Registrar

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 **Mark F. Shuck**, M. D.  
(Signed) **Clinton, Mo.**  
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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