

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

16180
Do not use this space.

Registered No. 4041

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis

Registration District No.

Primary Registration District No.

(d) Street No. City Hospital No. 1 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

D. 1308

2. PRINT FULL NAME

Elizabeth Sprenger(a) Residence, No. 2865 South 18th St. 23

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 18857. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 25OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
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) Illinois /FATHER 13. NAME Jacob Bregenzler /14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany /MOTHER 15. MAIDEN NAME Elizabeth Meteroth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Hosp. Info M. Kent (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 3, 193819. FUNERAL DIRECTOR (NAME) Wm. Schumacher (ADDRESS) 3013 Meramec St.20. FILED MAY - 1 1938 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/38, 1922. I HEREBY CERTIFY, That I attended deceased from 4/27/38, 19, to 4/29/38, 19.I last saw h. her on 4/29/38, 19. Death is saidto have occurred on the date stated above, at 11.45 p

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

Rheumatic Heart Disease Date of onset
Embolus Bifurcation of Aorta

Other contributory causes of importance:

Name of operation Embolectomy Date of 4/29/38
What test confirmed diagnosis? yes Was there an autopsy? yes23. 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) Wm. Johnson, M. D.(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Fred H. Petty

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Fred H. Petty

Licensed Embalmer No.

1534

P. O. Address

3013 Meramec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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