

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

30486
 Do not use this space.

REC'D OCT 12 1938

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1008

7923

1. PLACE OF DEATH
 (a) County..... / Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. St. Anthony's Hospital 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Sprenger
 (a) Residence, No. 7146 Mardell Ave. St. 3 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Sprenger, Sr.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1865-		
7. AGE YEARS 72	MONTHS 10	DAYS 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home		
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis, Mo.		
FATHER	13. NAME Henry Richardz	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Catherine Silvers	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS) Theresa Zurbine 7146 MARDELL AVE		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE SS. Peter and Paul Ceme Sept. 8, 38		
19. FUNERAL DIRECTOR (ADDRESS) Croghan Mfg Co Inc 7146 Manchester Ave.		
20. FILED SEP - 7 1938 J. Predeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/5** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **April 17, 1938, to September 5, 1938**
 I last saw her alive on **September 5, 1938**. Death is said to have occurred on the date stated above, at **3:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset **Aug 21/38**
Diabetes mellitus 1936
Chr. Endocarditis
Chr. Myocarditis

Other contributory causes of importance:
None Name of operation **None** Date of **Sept 5, 1938**
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **None** Date of injury _____, 19____
 Where did injury occur? **None** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____ (Signed) **J. Predeck** M. D.
 (Address) **2767 Greenwood**

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.

27678 *Rowe*

STATEMENT BY LICENSED EMBALMER

I, *Francis A. Williamson*, Licensed Embalmer No. *3565*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.)