

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

11244  
 Do not use this space.

REC'D APR 7 1939

**1. PLACE OF DEATH**

(a) County Jefferson Registration District No. 423  
 (b) Township MOCK Primary Registration District No. 5578  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 15  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

**2. PRINT FULL NAME**

(a) Residence, No. JEFFERSON Co. St.  (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16 - 1939

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) JEFFERSON Co. O

FATHER 13. NAME JOSEPH SPROCK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON Co. O

MOTHER 15. MAIDEN NAME TILLIE CONRAD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON Co. O

17. INFORMANT (ADDRESS) JOSEPH SPROCK  
YALLEY PARK, MO. 211

18. BURIAL, CREMATION, OR REMOVAL PLACE ROCK CREEK Mo. DATE Mar 18 1939

19. FUNERAL DIRECTOR (ADDRESS) KENNETH W. NOCH  
FENTON Mo.

20. FILED March 18 1939 Phil J. Kirk  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1939

22. I HEREBY CERTIFY, That I attended deceased from By Inquest duties March 17 1939

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Natural Causes

Other contributory causes of importance: 200 lb

None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? X 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 None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify Frank Frazier, Coroner, M.D.  
 (Signed) \_\_\_\_\_ (Address) Festus, Mo.

384 (Address) \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 2.  
 50M-7-20-37  
 I 1 X12004

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.

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STATEMENT BY LICENSED EMBALMER

I, Herbert W. Koch, Licensed Embalmer No. 3047

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 Herbert W. Koch

Licensed Embalmer No. 3047

**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.)**