REG'D APR 21 1939

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

Do not use this space. 12191

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.

95

1. PLACE OF DEATH
(a) County STE. GENEVIEVE 2 Registration District No. 780
(b) Township STE. GENEVIEVE 1 Primary Registration District No. 6 0 28 Registered No. 16
(c) City ..... (d) Street No. ..... 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 1/101 FRANK X SPRAUL
(a) Residence, No. ..... St.
(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: MALE
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 LOUISE BEGUETTE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 29 1859

7. AGE: YEARS 79 MONTHS 5 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) STE. GENEVIEVE MISSOURI 6

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER
15. MAIDEN NAME REGINA PALMER 10
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Francis Sprauel (ADDRESS) Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste. Genevieve Mo DATE 3/18 1939

19. FUNERAL DIRECTOR (NAME) Leo C. Basler (ADDRESS) Ste. Genevieve Mo

20. FILED Mar 17 1939 T. W. Douglas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-16- 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-8- 1938 to 3-16- 1939
I last saw him alive on 3/16/39 1939. Death is said to have occurred on the date stated above, at 1:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	2
Chronic Myocarditis -	1 May 38
321	
Other contributory causes of importance: Chronic Interstitial Nephritis	2
	1

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? ..... 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 .....
(Signed) R. H. Lammers, M. D.
(Address) Ste. Genevieve Mo.

706

(Licensed Embalmer's Statement on Reverse Side)

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, ...
Leo C. Bash, or by .....

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

Signed Leo C. Bash

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve Mo.

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

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