

Registration District No. 201

Primary Registration District No. _____

Registrar's No. 643

1. PLACE OF DEATH: 1008 1008 FEB 17 1940

USUAL RESIDENCE OF DECEASED:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 45 Years
(Specify whether years, months or days)

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 15
(d) Street No. 4111 California Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Frances M. Sprenger

MEDICAL CERTIFICATION

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

20. DATE OF DEATH: Month Jan. day 22
year 1940 hour 2 minute 15 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

21. I hereby certify that I attended the deceased from 1-19-40, 1940, to 1-22-40, 1940
that I last saw her alive on 1-22-40, 1940
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Robert G. Sprenger 6. (c) Age of husband or wife if alive --- years

Immediate cause of death Septic thrombosis
fatal
post-operative complication

7. Birth date of deceased January 27, 1880
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) strangled right

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>26</u>	hr. _____ min.

Major findings: Septic thrombosis
Of operations _____
Of autopsy M.

9. Birthplace Dutzow Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

10. Usual occupation Home

11. Industry or business _____

12. Name Henry Pohl

13. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lena Brockmeier
15. Birthplace Augusta Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Brockmeier

(b) Address 3426 Illinois Ave.

17. (a) Burial (b) Date thereof 1/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Macker-Welder

(b) Address 2331 S. Broadway

19. (a) JAN 26 1940 (b) _____
(Date received local registrar)

23. Signature J. H. Spradley (M. D. or other)
Address 3958 S. Broadway Date signed 1/24/40

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.

DO NOT WRITE IN THESE SPACES—MAKE A PERMANENT RECORD

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, or by.....

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

Signed *Robert Wheeler*

Licensed Embalmer No. *5178*

P. O. Address *St Louis mo*

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.