

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

923

## 1. PLACE OF DEATH:

**FILED FEB 17 1940**

(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:  
4921a Washington Bl. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Mary E. Sprague 163

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Jesse L. Sprague 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased Sept. 4, 1871  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
68 4 24 hr. min.9. Birthplace Ohio  
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Dorff 918. Birthplace Not known  
(City, town, or county) (State or foreign country)14. Maiden name Not known  
(City, town, or county) (State or foreign country)15. Birthplace Not known  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jesse L. Sprague(b) Address 4921a Washington Bl.17. (a) Burial (b) Date thereof Jan. 31, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Charles A. Non(b) Address 4911 Washington Bl.19. (a) JAN 30 1940 (b) J.F. Bradley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 12  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4921a Washington Bl.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28  
year 1940 hour 11 minute 30 P. M.21. I hereby certify that I attended the deceased from 9-24-38  
\_\_\_\_\_, 19\_\_\_\_, to 1-28, 1940;  
that I last saw her alive on 1-19, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Occlusion Duration 3 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertensive Cerebro-vascular disease  
(Include pregnancy within 6 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy None done

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

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 \_\_\_\_\_23. Signature Bert Friedman M.D. (M. D. or other) \_\_\_\_\_Address 453 N. Taylor Date signed 1-29-40

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.

2025 RELEASE UNDER E.O. 14176

---

---

**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.....

*Thomas K. Penard*

Licensed Embalmer No..... *3793*

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.**