

REG. DIST. NO. **7911**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Home of the Friendless**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 yrs.**
(Specify whether years, months or days)
 In this community **57 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4431 S. Broadway**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **MARY A. SPROULL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 20 1855**
(Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Adrian Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business **Retired**

12. Name **Gilbert Sproull**

13. Birthplace **Orange Co. New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Sproull**

15. Birthplace **Lancaster Co. Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss [unclear]**

(b) Address **4431 S. Broadway**

17. (a) **Burial** (b) Date thereof **Feb. 8-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**

(b) Address **7814 S. Broadway**

19. (a) **FEB 7 1941** (b) **J. T. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **6th**
 year **1941** hour **1** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov 29** to **Feb 6**, 19**41**
 that I last saw her alive on **Feb 1**, 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerosis**
Chronic Myocarditis
 Duration **years**
3 years

Due to **Senility**

Due to _____

Other conditions: **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations _____
 Of autopsy _____

Duration
 years
 years
 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 **Charles [unclear]** (M. D. or other **MD**)

Address **720 Washington** Date signed **2/6/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

799

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

Edwin D. Leisinger

Licensed Embalmer No.

4029

P. O. Address

6464 Chippewa

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.