

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19037**

Registration District No. **784**

Primary Registration District No. **220**

Registrar's No. **1048**

1. PLACE OF DEATH:

(a) County **St. Louis County**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Facility**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Admitted 5/7/41.**  
In this community **unknown**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Maplewood,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2025 Bland Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **-** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16th**  
year **1941** hour **8:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 7,** 19**41** to **May 16,** 19**41**  
that I last saw him alive on **May 16,** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchogenic carcinoma, right lung.**  
Duration **Unknown.**

Due to

Due to

Other conditions **47d**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **no autopsy.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**  
(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? **Maplewood** (Specify type of place) (e) Means of injury

23. Signature **R. W. GOOD, M.D.,** (M. D. or other)

Address **Chief Medical Officer** date signed **5/17/41.**

3. (a) PRINT FULL NAME

**Jesse M. Sprague**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **None.**

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

6. (b) Name of husband or wife **Eleanor** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **August 29,** 18**94**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **8** Days **17**  
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business **Real Estate & Construction**

12. Name **Jesse Sprague**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dornn**

15. Birthplace **Ohio.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. C. King**

(b) Address **Acting Clinical Clerk, VAF, J.B., Mo.**

17. (a) **Burial** (b) Date thereof **5/20/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Charles H. New General Burial**

(b) Address **4911 Washington Bl.**

19. (a) **MAY 18 1941** (b) **R. W. Good**  
(Date received local registrar) (Registrar's signature)

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

96  
000

96  
105

**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 R. Fenwick*

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, fact should be so stated above.**