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4-41  
7-39  
X26390

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1388

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 5 years  
years, months or days)

3. (a) PRINT FULL NAME John Sprung  
3. (b) If veteran, name war unknown  
3. (c) Social Security No. unknown

4. Sex male ( ) 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Veronica Knapp Sprung alive 79 years  
6. (c) Age of husband or wife if  
7. Birth date of deceased June 24 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 5  
If less than one day  
hr. min.

9. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation nil. retired farmer

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

MOTHER FATHER { 12. Name Joseph Sprung  
13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Vogel  
15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Veronica Sprung  
(b) Address Colbert, Mo.

17. (a) burial (b) Date thereof 7-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Miss Peter & Carl

18. (a) Signature of funeral director F. Wagner and Co.  
(b) Address 7420 Washington

19. (a) 1111 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. Pottle Road Rt. 9 Box 256  
(If rural, give location)  
(e) Citizen of foreign country? ? H. G. ... (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1941 hour 11 minutes 00 P. M.

21. I hereby certify that I attended the deceased from 6-19-41  
to 6-29-41  
that I last saw him alive on 6-29-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia  
Duration 2 days

Due to intermittent Heart Disease with complete Heart block yrs.?

Due to \_\_\_\_\_  
Other conditions Cerebral arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 108  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Colbert Date signed \_\_\_\_\_

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

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**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 *Clay E. Smith*  
Licensed Embalmer No. *2148*  
P. O. Address *W. Lane, 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.**