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S. No. 2
4-9-44
5-17-48
X2948

12822

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3559
200

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 17
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL") 926
(d) Street No. 911 St. Louis Ave (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Baby Sprou

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased April 15th 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. 15 min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name James Sprou
13. Birthplace Ill 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Mae Helbert
15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant James Sprou
(b) Address 911 St. Louis Ave

17. (a) Burial (b) Date thereof 4-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Robert Wood G

(b) Address 3710 N. Grand St

19. (a) APR 10 1943 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15,
year 1943 hour 1:20 minute..... P. M.

21. I hereby certify that I attended the deceased from April 14, 1943, to April 15, 1943
that I last saw him alive on April 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Prematurity

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 A. Black (M, D, or other) 4/15/43
Address 1515 Lafayette Avenue Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—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 me

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

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.