

S. No. 2
 OM-2-43
 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1003

30419

State File No. _____
 Registrar's No. **8296**

FILED SEP 28 1943
 Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Starkloff Hospital
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 11 weeks
(Specify whether years, months or days) 58 Years

3. (a) PRINT FULL NAME: Harold Sprague

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

4. Sex: Male **5. Color or race:** White **6. (a) Single, widowed, married, divorced:** Married

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

7. Birth date of deceased: Aug. 10 1884
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>59</u> | <u>58</u> | <u>1</u> | <u>6</u> |
| | | | | hr. min. |

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

10. Usual occupation: Manial

11. Industry or business: _____

MOTHER FATHER

12. Name: James Sprague
13. Birthplace: New York New York
(City, town, or county) (State or foreign country)
14. Maiden name: Sarah Fishler
15. Birthplace: New York New York
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Joseph Rooney
(b) Address: 1308 Blackstone

17. (a) Burial: _____ **(b) Date thereof:** 9 -20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 So. Grand Blvd.

19. (a) SEP 18 1943 **(b) J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
 (c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1308 Blackstone
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
 year 1943 hour 3:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from: July 9th, 1943, to Sept. 16th, 1943;
 that I last saw h. im alive on Sept. 16th, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac and respiratory failure Duration

Due to 1 Congenital Cystic Disease of lungs
2 Bronchiectasis
3 Bilateral recurrent laryngeal nerve paralysis

Other conditions 10
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Bilateral laryngeal paralysis
 Of operations _____
 Of autopsy Same as above

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 a work _____ (Specify type of place) _____
 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature: Red Wade (If for other)
 Address 1515 Lafayette Date signed 9/17/43

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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.