

U.S. No. 2
FORM-10
5-11-42
I X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30420**
Registrar's No. **8465**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CITY SANITARIUM**
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **25 yrs 8 mos 25 ds**
In this community **45 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5400 Arsenal**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JULIA NINA SPRAGUE**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Fred. J.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 10 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 13 hr. min.

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

10. Usual occupation **none**

11. Industry or business **George Loftis**

12. Name **unknown**
13. Birthplace **Maine**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia Henderson**
15. Birthplace **unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Singler**
(b) Address **5400 Arsenal**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-25-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cemetery**
18. (a) Signature of funeral director **A. Kren Co. U. Co**
(b) Address **2707 N. Grand Blvd**
19. (a) **SEP 24 1943** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sep't** day **23**
year **1943** hour **11:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **7-1-1938**, 19____, to **9-23-1943**, 19____;
that I last saw her alive on **9-23-1943**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia**
Intestinal Obstruction
Duration **3 das**
2 wks.

Due to _____
Due to _____

Other conditions **122**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **yes**
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 **Walter K. Beasock** (M. D. or other) **0**
Address **5400 Arsenal** Date signed **9/24/43**

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.....

Embalmer's cert filed separately

.....
Licensed Embalmer No.....

P. O. Address.....

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.