

S. No. 2  
M-3-43  
5-17-39  
PI X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39817**

**FILED JAN 5 1944**

10

Registrar's No. **11304**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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:  
1308 Blackstone  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
50 years (Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** Margaret E. Sprague  
**3. (b) If veteran,** name war none **3. (c) Social Security** No. none

**4. Sex** female **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** Widowed  
**6. (c) Age of husband or wife if** Harold Sprague  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** October 13 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>60</u>	<u>2</u>	<u>14</u>	

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

**10. Usual occupation** housework  
**11. Industry or business** at home

**MOTHER FATHER**  
**12. Name** Thomas Farley  
**13. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Elizabeth Ward  
**15. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Cora E. Niss  
**(b) Address** 1308 Blackstone  
**17. (a) burial** (Burial, cremation, or removal) **(b) Date thereof** 12-30-44  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Memorial Park Cemetery  
**18. (a) Signature of funeral director** Southern Funeral Home  
**(b) Address** 6322 So. Grand Blvd.

**19. (a)** DEC 29 1944 (Date received local registrar) [Signature] (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (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 DEC. day 27  
 year 1944 hour 7 minute P M.  
 I hereby certify that I attended the deceased from DEPT 1  
 1944 to December 27, 44  
 that I last saw h. ER alive on December 27, 1944  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Intestinal Obstruction **Duration** 3 D 9  
 Due to Metastatic Carcinoma  
 Due to Carcinoma of left Breast Glands and Arm  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 50  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_

**23. Signature** [Signature] (M. D. or other) M.D.  
 Address 4356 Yvonne av Date signed 12/28/44

Dr. Robert C. Mc

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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.....

*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.**