S. No. 2
M—5-43
7-5-77-39
P-1 X36677

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. 26160

FILED SEP 1 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7394

**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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 45 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 060 26
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1914 N. 11th St. 9
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucinda Spratt

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

4. Sex Female 3 — 5. Color or race Col. — 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Sam Spratt — 6. (c) Age of husband or wife if alive Deceas years

7. Birth date of deceased 6 (Month) - 9 (Day) - 1881 (Year)

8. AGE: Years 64 — Months 2 — Days 9 — If less than one day hr. min.

9. Birthplace Newbren (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business in home

FATHER
12. Name Peter Bland
13. Birthplace Unk. (City, town, or county) Unk. 9 (State or foreign country)

MOTHER
14. Maiden name Matilda ?
15. Birthplace Unk. (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Otto Spratt - Son
(b) Address 4056c Aldine Ave. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director John Riley
(b) Address 3759 Finney Ave. St. Louis, Mo.

19. (a) AUG 25 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 18, year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 14, 1945, to August 18, 1945; that I last saw her alive on August 18, 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Degenerative heart disease with decompendation | Unk. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

93d

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature B. F. Murphy (M. D. or other)
Address 360 N. Whittier Date signed 8/30/45

(Licensed Embalmer's Statement on Reverse Side)

## 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

myself, Registered Apprentice No.

working under my personal supervision.

Signed B. Houston Jr.

Licensed Embalmer No. 2266

P. O. Address 2612, Thomas St

**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.**