

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

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF THE CENSUS

FILED MAY 17 1946 STANDARD CERTIFICATE OF DEATH

1003

State File No. 18932

Registrar's No. 4163

Registration District No.

Primary Registration District No.

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:
4810 Goethe Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT

FULL NAME Elizabeth Anna Sprehe

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 Married
6. (b) Name of husband or wife Christopher Sprehe 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 18 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 17 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Henry Ringbeck
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lisette Huelskamp
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Christopher N. Sprehe
(b) Address 4810 Goethe Ave
17. (a) Burial (b) Date thereof May 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul
18. (a) Signature of funeral director J. J. Bredeck
(b) Address 6409 Gravois Ave

19. (a) MAY 8 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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. 4810 Goethe Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day May
year 1946 hour 3:48 minute A. M.
21. I hereby certify that I attended the deceased from 4/30/46
to 5/14/46
that I last saw her alive on 5/14/46
and that death occurred on the date and hour stated above.

Immediate cause of death
Dissected hemorrhage
Left - Coronary Artery
Due to with hemiplegia complete
Due to Generalized Arterio Sclerosis
with systemic hypertension
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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 Dr. J. J. Bredeck (M. D. or other).....
Address 3724 Jennings Rd Date signed.....

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.....

..... 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.