

FILED MAY 27 1946

STANDARD CERTIFICATE OF DEATH

State File No. 18934

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4349

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:
Alexian Brothers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **1 Day**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

John J. Sprock

3. (b) If veteran,

name war..... *********

3. (c) Social Security

No. **491-14-8153A**

4. Sex..... **Male**.....
5. Color or race..... **White**.....
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Frances Sprock**
6. (c) Age of husband or wife if alive..... **69** years
7. Birth date of deceased..... **January 8 1872**
(Month) (Day) (Year)

8. AGE: Years..... **74**..... Months..... **4**..... Days..... **2**.....
If less than one day..... hr. min.

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

10. Usual occupation..... **Salesman**

11. Industry or business..... **Sunset Burial Park**

12. Name..... **Joseph Sprock**
13. Birthplace..... **Holland**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Anna Leicht**
15. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Frances Sprock**
(b) Address..... **4017 Hartford St**
17. (a) **Burial**..... (b) Date thereof..... **May 17 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Sunset Burial Park**

18. (a) Signature of funeral director..... **W. J. Bredeck**

(b) **MAY 14 1946**
6409 Gravois Ave

19. (a) (Date received local registrar) (b) (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..... **4017 Hartford St**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **14th**..... day..... **May**
year..... **1946**..... hour..... **4:00**..... minute..... **A.**..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw him..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bilateral lobar pneumonia

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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..... **Wm. R. Hys**..... (M. D. or other)
Address..... **2931 Broadway**..... Date signed..... **5/14/46**

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.