

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

18935

FILED MAY 31 1946
318

STANDARD CERTIFICATE OF DEATH

1003

State File No.

4590

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(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 Phillip Spröck

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 14 1924
(Month) (Day) (Year)

8. AGE: Years 21 Months 10 Days 6 If less than one day
hr. min.

9. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Work

11. Industry or business

12. Name Frank Spröck
13. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Burkhart
15. Birthplace St. Louis Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Spröck
(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof 5-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Johns Cem. Rock Creek

18. (a) Signature of funeral director Louis H. Boop Inc.
(b) Address Kirkwood, Mo

19. (a) MAY 22 1946 (b) J. J. Breneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour minute 12:15 P. M.

21. I hereby certify that I attended the deceased from April 17, 1946 to May 20, 1946
that I last saw him alive on May 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General Sarcinoma
Due to Site not known

Due to.....
Other conditions (Include pregnancy within 3 months of death) 55

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?
Creek

(Specify type of place)
While at work?..... (e) Means of injury.....
3. Signature J. J. Breneck (M. D. or other) M.D.
Address 4930 Linden Blvd Date signed 5/20/46

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

MOTHER FATHER

PHYSICIAN

Undertone the cause to which death should be charged statistically.

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..... *Felix Hurand*

Licensed Embalmer No. *3034*

P. O. Address..... *Kirkwood 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.