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1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35624**  
Registrar's No. **9045**

**FILED NOV 7 1946**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **5366 Reber Place**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **13/7**  
(d) Street No. **5366 Reber Place**  
(If rural, give location) **4**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ANNA SPRAUL**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **19th**  
year **1946** hour **11** minute **30** A.M.

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Joseph Spraul** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **October 3-1883**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-17-1946** to **10-17-1946**  
that I last saw her alive on **10-17-1946**  
and that death occurred on the date and hour stated above.

8. AGE: Years **63** Months **0** Days **16**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Myocarditis - chronic**  
Due to **TB**  
Due to **9/30**

9. Birthplace **Waterloo, Illinois**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

Other conditions **Bronchitis - purulent.**  
(Include pregnancy within 3 months of death)  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **Philip Bolk**  
13. Birthplace **Germany**  
14. Maiden name **Elizabeth Maiser**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Spraul**  
(b) Address **5366 Reber Place**

17. (a) **Burial** (b) Date thereof **10-23-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New SS. Peter & Paul**

18. (a) Signature of funeral director **W. E. Myhill**  
(b) Address **1926 Allen Avenue**

19. (a) **OCT 22 1946** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

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 **John Quenler** (M. D. or other) **MD**  
Address **1504 So Grand** Date signed **10/27/46**

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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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

**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.**