No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 27 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

19540

State File No. 0

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1088

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: residence - 100 N. Hanley Road
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 100 North Hanley Road 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MARY ELIZABETH SPRAGUE BARKER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Dr. William S. Barker

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 21 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	26	..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Jacob R. Sprague
13. Birthplace Seneca Falls (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Susan Whortonby
15. Birthplace ..... (City, town, or county) New York (State or foreign country)

16. (a) Informant Sprague Barker
(b) Address 7366 Milan Drive, University City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) 5-19-47 (Date received local registrar) (b) Carl R. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1947 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 12, 1946, to May 17, 1947; that I last saw her alive on May 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Arteriosclerosis	6 mos.
Due to: General Arteriosclerosis	
Due to:	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause of 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 .....

23. Signature Hiram L. Leggett (M. D. or other) MD

Address 3720 Washington Blvd Date signed 5/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

3720 Washington
GE 0300
10:30 to 12:30 (Ex. W.S.)
Dr. Hiram Liggett
GE 1551
1 to 4 P.M.

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.