

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35752

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4241

46 day

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sappington</b>	
c. LENGTH OF STAY (in this place) <b>D.O.H.</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. #6, Sappington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <b>JOHN</b>	b. (Middle) <b>H.</b>	c. (Last) <b>URSPRUCH</b>	(Month) <b>Oct.</b>	(Day) <b>24</b>
			(Year) <b>1949</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 21, 1879</b>	9. AGE (In years last birthday) <b>69</b>	10. IF UNDER 1 YEAR Months <b>10</b>	11. IF UNDER 24 HRS. Days <b>3</b>	12. MIN. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Estate</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>unknown</b>
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13a. FATHER'S NAME <b>Henry Urspruch</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ada Urspruch (Dec'd)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry J. Urspruch</b>	ADDRESS <b></b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cause unknown</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION <b></b>	19b. MAJOR FINDINGS OF OPERATION <b></b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b></b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>795.5</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b></b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Womke M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>651 So. Brentwood Blvd</b>	23c. DATE SIGNED <b>10/31/49</b>
		Comm. of Health	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 27, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Ev. Luth. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-26-49</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Womke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp, Inc.,</b>	ADDRESS <b>Kirkwood, Mo</b>
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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.....

..... Student Embalmer No. ....

..... working under my personal supervision.

Student .....  
Student Embalmer

Signed Felix Howard.....

Licensed Embalmer No. 3034.....

P. O. Address Kirkwood 22 m.....

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.