

FILED FEB 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 6690

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1471</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2029 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5190 GOETHE</b>				d. STREET ADDRESS (If rural, give location) <b>5190 GOETHE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BARBARA</b> b. (Middle) <b>-</b> c. (Last) <b>SAMSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 13 1950</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>JULY 2 1862</b>		9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>	IF UNDER 4 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (State or foreign country) <b>HUNGARY 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Joseph SPRUNG</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA VOGEL</b>		14. NAME OF/HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JOHN SAMSON 5190 GOETHE</b>				
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ <b>Supernatural aged</b> <b>Hypertensive cardiac vascular disease</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>0 months</b> <b>6-10 months</b>
19a. DATE OF OPERATION <b>3/19/49</b>	19b. MAJOR FINDINGS OF OPERATION <b>fracture Rt femur (reconnected with steel)</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>W</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Home 5/14/49</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis, Mo. 443X</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-14-50 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell on kitchen floor.</b>					
22. I hereby certify that I attended the deceased from <b>3-14-50</b> , to <b>2-13-50</b> , that I last saw the deceased alive on <b>3-13-50</b> , and that death occurred at <b>122</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. C. [Signature]</b>			23b. ADDRESS <b>4573 S Kingshighway</b>		23c. DATE SIGNED <b>2/14/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 16 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S.S. PETER + PAUL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>			
DATE REC'D BY LOCAL REG. <b>FEB 14 1950</b>		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kuttis 2906 Morris</b>			

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

**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 *Leaf Budde*.....

Licensed Embalmer No. *3989*.....

P. O. Address *St. Louis, 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.