

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39300

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2706</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township): <u>UNIVERSITY CITY</u>		c. LENGTH OF STAY (In this place): <u>1/2 Y.</u>		c. CITY (If outside corporate limits, write RURAL and give township): 37 TOWN <u>UNIVERSITY CITY</u> <u>4376</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7901 DELMAR BLVD</u>				d. STREET ADDRESS (If rural, give location) <u>7901 DELMAR BLVD.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOUISE</u>		b. (Middle) <u>H</u>		c. (Last) <u>SPRAIN.</u>	
						4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 9 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 19, 1920</u>	
						9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At-home social work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - - Y.M.C.A.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Hilmer.</u>			13b. MOTHER'S MAIDEN NAME <u>Ethel Grant.</u>			14. NAME OF HUSBAND OR WIFE <u>Gilbert Charles Sprain.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No yes</u>		16. SOCIAL SECURITY NO. <u>W.H. -11- Wave</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G.C. Sprain; 7901 Delmar Blvd;</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung, right</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>with metastases generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>163X</u>
19a. DATE OF OPERATION <u>Sept 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable carcinoma of right lung 163X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1950</u> , to <u>Nov. 9, 1950</u> , that I last saw the deceased alive on <u>Nov. 9, 1950</u> , and that death occurred at <u>8:15 P m.</u> ; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph E. Edwards M.D.</u>			23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>Nov. 10, 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-10-50</u>		REGISTRAR'S SIGNATURE <u>Al R. Donke M.D. mch</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.</u>			

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

4006

FEB 1 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4052*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 39300-50

State of Missouri
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 26 day of January, 1951, before me appears _____

Gilbert Charles Sprain, who, upon his oath, states that the original record of ~~birth~~ death

for Louise Hilmer Sprain, died November 9, 1950, in the State of Missouri, and which was filed at Clayton, St. Louis Co. on Nov. 10, 1950, should be corrected as follows:

Item No. 10a should read Social Work-- Y.W.C.A.

Instead of _____ at home

Item No. 15 should read Yes., W.W. III (WAVE)

Instead of _____ No.

Item No. 16 should read 489-22-1791

Instead of _____ none

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Gilbert C. Sprain (husband) Relationship.

7901 Delmar Blvd.
Present Address.

Subscribed and sworn to before me this 26 day of Jan., 1951.

My Commission expires 4-4-1952 J. J. Lepton Notary Public.

V. S. 135
M-3-42
P-I X32339

Affidavits containing erasures will not be accepted; draw one line through error and write above it.