

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45095**
Registrar's No. **11999**

FILED JAN 26 1953

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REG. DIST. NO. PRIMARY REG. DIST. NO.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Missouri</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		<i>2069</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Burnside to Shop # 1</i>				d. STREET ADDRESS (If rural, give location) <i>6 4723a Easton Ave.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>ARTHUR</i>		b. (Middle) <i>G</i>		c. (Last) <i>SPRICK</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12 26 52</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>2-5-1887</i>	
9. AGE (In years, last birthday) <i>65</i>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (State or foreign country) <i>Troy, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S. A.</i>	
13a. FATHER'S NAME <i>Fred Sprick</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ulmer</i>		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) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Beatrice Henry Collinsville, Ill.</i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hemorrhage; external hemorrhage</i> ANTECEDENT CAUSES <i>Compound fractures of both legs suffered when struck by car operated by one J. C. Cunningham at intersection of Kings Highway and Easton Ave</i> II. OTHER SIGNIFICANT CONDITIONS <i>Resident 1247 am Dec 26 1952</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on or near, etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec 26 52 12:27 AM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E8124</i>			
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 <i>12:47 AM</i> , from the causes and on the date stated above. <i>25</i>							
23a. SIGNATURE (Degree or title) <i>Patrick C. Taylor Coroner</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>12-29-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>12-29-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lutheran</i>		24d. LOCATION (City, town, or county) (State) <i>Troy Ill.</i>	
DATE REC'D BY LOCAL REG. <i>DEC 29 1952</i>		REGISTRAR'S SIGNATURE <i>W. H. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hubert H. K... Collinsville, Ill.</i>			

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 _____

working under my personal supervision. *Not Embalmed* Student Embalmer No. _____

Student
Student Embalmer

Signed *Herbert A. Kasper*

Licensed Embalmer No. *8903*

P. O. Address *Collinsville, Ill.*

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.