.300
.48

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23563

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 128

10
2

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

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Marshall Twp.
c. LENGTH OF STAY (in this place) 25 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo State School Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE St Louis
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2069
d. STREET ADDRESS (If rural, give location) 1409 Blackstone ave

3. NAME OF DECEASED (Type or Print)
a. (First) Sylvia
b. (Middle) F
c. (Last) Sprecher

4. DATE OF DEATH (Month) (Day) (Year) June 24, 1953

5. SEX Fe
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH July 1909
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR: Months 4 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No
10b. KIND OF BUSINESS OR INDUSTRY No
11. BIRTHPLACE (State or foreign country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? ~~Mo~~ USA

13a. FATHER'S NAME Sprecher
13b. MOTHER'S MAIDEN NAME Leah Reib
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS records-Mo. State School, Marshall, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Long Standing

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4, 1953 *to* 6-24, 1953 *that I last saw the deceased alive on* 6-24, 1953, *and that death occurred at* 7:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Chas Sandy MD
23b. ADDRESS Mo State School
23c. DATE SIGNED 6-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 6/26/53
24c. NAME OF CEMETERY OR CREMATORY Chevera Hadisha
24d. LOCATION (City, town, or county) (State) St Louis, Missouri

DATE REC'D BY LOCAL REG. 6-25-1953
REGISTRAR'S SIGNATURE Sidney T Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Sweeney
ADDRESS Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Leslie Sussney

Licensed Embalmer No. 3235

P. O. Address Marshall, Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.