

FILED JAN 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44483**
Registrar's No. **11919**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____					
b. CITY OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S Hosp.				e. STREET ADDRESS (If rural, give location) 908 BEYER ^{200th}					
3. NAME OF DECEASED (Type or Print) CECELIA SPRENGER			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH DEC. 15 1953		Month		Day		Year			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH DEC. 12 1887			
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENVELOPE-MAKER			10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS ENVELOPE			11. BIRTHPLACE (City and State or Foreign Country) MISSOURI			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME HENRY SPRENGER		13b. MOTHER'S MAIDEN NAME FRANCES		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 494-07-771A		17. INFORMANT'S SIGNATURE OR NAME THERESIA ZURLINE ADDRESS 908 BEYER					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION				20. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation				DUPLICATE OF (b) Cerebral Hemorrhage				1 day	
ANTECEDENT CAUSES				DUPLICATE OF (c) Diabetes Mellitus				14 days	
DUPLICATE OF (c) Malignant Hypertension				DUPLICATE OF (c) Malignant Hypertension				12 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE OF (c) Malignant Hypertension				3 yrs.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? 260X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from May 5, 1946 , to Dec 15, 1953 , that I last saw the deceased alive on Nov 15, 1953 , and that death occurred at 11:55 AM. , from the causes and on the date stated above.					
23a. SIGNATURE Mrs. Jacob Laubek mrs (Degree or title)		23b. ADDRESS 2767 Georis at Orleans Mo		23c. DATE SIGNED 12-16-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 18 1953		24c. NAME OF CEMETERY OR CREMATORY S-S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo			
DATE REC'D BY LOCAL REG. DEC 18 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutei 2906 Georis ADDRESS _____					

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.....
Signature of Student Embalmer

Signed *Leo J. Budde*
Licensed Embalmer No. *3989*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.