

THE DIVISION OF HEALTH OF MISSOURI
 FILED OCT 26 1954 STANDARD CERTIFICATE OF DEATH

35998

State File No.

9193

BIRTH NO. 74604-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony</u> | | d. STREET ADDRESS (If rural, give location) <u>4127 Bowen</u> | |

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|---|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) c. (Last) <u>Sprung</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10, 1954</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u> | 8. DATE OF BIRTH <u>Oct. 9, 1954</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Leo Sprung</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jean Marie Snodsmith</u> | | 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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Leo Sprung 4127 Bowen</u> | |

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|--|--|---|--|----------------------------------|--|
| 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* <u>prematurity, pre-delivery asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Systemic) Premature separation of placenta</u> 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 | |
|--|--|---|--|----------------------------------|--|

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |

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|---|--|--|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>7625</u> | |
| 22. I hereby certify that I attended the deceased from <u>10-9-1954</u> to <u>10-10-1954</u> , that I last saw the deceased alive on <u>10-10-1954</u> , and that death occurred at <u>1:27 AM.</u> , from the causes and on the date stated above. | | | | | |

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|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>William Earl Stude MD</u> | | 23b. ADDRESS <u>16 Naughton Village Plaza</u> | | 23c. DATE SIGNED <u>10-11-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Oct. 11, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>OCT 11 1954</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u> | |
| | | | | ADDRESS <u>3013 Meramec St.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

not embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

W. Schuman & Co.

Licensed Embalmer No. _____

901.

P. O. Address _____

3013 Macanville

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.