

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED NOV 16 1956**

State File No. **36234**  
**9049**  
Registrar's No.

**318**

**1003**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>56 years</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>5175 Lindell Bly'd.</b>				e. STREET ADDRESS (If rural, give location) <b>5175 Lindell Bly'd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZA</b>		b. (Middle) <b>SARAH</b>		c. (Last) <b>SPROULE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 1st, 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>March 20th, 1870</b>	
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>6</b>		IF UNDER 24 HRS. Days Hours Min. <b>11</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Andrew Sproule</b>			13b. MOTHER'S MAIDEN NAME <b>Martha E. Howard</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Laura S. Love</b>		ADDRESS <b>44 Westmoreland</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular thrombosis</b>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>			
				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 <b>many years</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>				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) (Min.) _____		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 <b>Jan 1938</b> , to <b>Oct 1, 1956</b> , that I last saw the deceased alive on <b>Oct 1, 1956</b> and that death occurred at <b>8:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Manuel B. Grant M.D.</b>				23b. ADDRESS <b>114 N. Taylor Ave</b>		23c. DATE SIGNED <b>Oct 3 '56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10 / 4 / 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 3 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons 7233 Delmar Bly'd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Sam Grant  
114 N. Taylor  
JE. 3-8600

111 Afternoon  
9/14/11 1:00 P.M.

1050 3  
956

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 *Arnold W. Schoen*

Licensed Embalmer No. *386*

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.