

FILED VS SEP 14 1960

NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8656

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.				Length of stay in 1b 14 DAYS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 321 NORTH WHITTIER	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle G. Last SPRAGUE				4. DATE OF DEATH Month AUGUST Day 31 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-3-15	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STRUCTURAL WORKER			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) SALEM, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WILLIAM C. SPRAGUE			13b. MOTHER'S MAIDEN NAME IMO TAFF		14. NAME OF HUSBAND OR WIFE UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWII			16. SOCIAL SECURITY NO. 496-18-2416		17. INFORMANT IMO SPRAGUE, 321 N. WHITTIER,		Address ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) HEPATIC FAILURE						1 WEEK	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) CIRRHOSIS OF LIVER	
						1 YEAR	
DUE TO (c) CHRONIC ALCOHOLISM						15 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
CHRONIC PANCREATITIS							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8-17-60 to 8-31-60 and last saw him alive on 8-31-60							
Death occurred at 8:10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) ANDREW H. BISCAN, M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 9-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. (State)	
Buried	9-6-60	National Cemetery		Jefferson Barracks, Mo			
24. FUNERAL DIRECTOR Paul P. ... Cuba, Mo.		25. DATE RECD. BY LOCAL REG SEP 4 1960		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

DOCUMENT

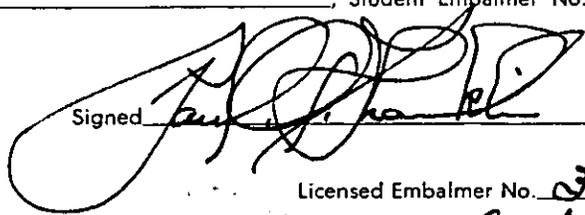
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3472

P. O. Address Cuba, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.