

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 104B
City St. Louis Mo. (No. Barnes Hospital)

File No. 23303
Registered No. 6767
St. Ward)

2. FULL NAME Lillian Mary Springmeyer

(a) Residence, No. 2900 e Easton Ave St., 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Springmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Edward Liebrecht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Eliz. Bottenheim

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Harry Liebrecht

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem DATE 6-22 1931

19. UNDERTAKER (ADDRESS) McLaughlin

20. FILED 21 1931

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1931 to 6-20, 1931

I last saw her alive on 6-20, 1931. Death is said to have occurred on the date stated above, at 12:00 pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix (uterus) 448 712

Other contributory causes of importance: Pneumonia Hypostatic #103
Asymptomatic Secondary

Name of operation Radiation Treatment Date of 6-18
Whether confirmed diagnosis radiation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury, 19.....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: John P. O'Neil, M. D.

(Signed) John P. O'Neil, M. D.
(Address) 630 S. Kaw S. Highway

Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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