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.

JUN 19 1934

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 18220

Township ..... Primary Registration District No. ..... Registered No. 4679

City St. Louis Mo (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Ella Springer

(a) Residence, No. 5116 St. Louis av St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Edward Springer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1883

7. AGE YEARS 50 MONTHS 2 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME James Long

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

MOTHER

15. MAIDEN NAME Nellie Powderly

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

17. INFORMANT (ADDRESS) Edward Springer 5116 St. Louis av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 5/9 1934

19. UNDERTAKER (ADDRESS) Stroot - Carroll 4600 Natl Bridge

20. FILED MAY 8 1934 19 J. L. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to May 6, 1934 ~~I last saw her~~ alive on May 6 1934 Death is said to have occurred on the date stated above, at 5:40 p.m.

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

Cerebral hemorrhage — Date of onset

89 C
71 A
123 B

Other contributory causes of importance:

Primary anemia caused Gastric & intestinal hemorrhages

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

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

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) C. H. Kilker, M. D.

(Address) 3121 N Grand