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

Do not use this space.

File No. 26891
Registered No. 7123

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME George Springmeyer

(a) Residence, No. Kirby + Hamburger Ave Ward St Louis Co Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. \ mos. ds. How long in U. S., if of foreign birth? NR yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	8	15	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) May 1920 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Ora Mullenix
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE July 20 1934

19. UNDERTAKER Wacker Feldorle
(ADDRESS) 2331 S Broadway

20. FILED 20 19 Jos. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1929, to July 19 1934
I last saw him alive on July 18 1934. Death is said to have occurred on the date stated above, at 7:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10/16/29
93%	
8%	
11%	

Other contributory causes of importance:

Acute Pulmonary Edema	7/18/34
Dementia Praecox	10/16/29
Senile changes	10/16/29

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) Ora Mullenix, M. D.
(Address) 5400 Arsenal

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.

AUG 16 1934

THIS FORM, WHEN COMPLETED, WITH STRADDLE INK—THIS IS A PERMANENT RECORD

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