

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

Do not use this space.

27024

File No. 7258
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **5124**)

2. FULL NAME

Bridget Hooley Springer
(a) Residence, No. **5124 Kabadie ave** St. **6** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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 Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Wm Springer (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st. 1860				
7. AGE	YEARS 74	MONTHS 4	DAYS 0	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at Home			
	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. Marys Ind				
FATHER	13. NAME Dan Hooley			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
MOTHER	15. MAIDEN NAME Bridget Connors			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
17. INFORMANT Mrs B Hooley (ADDRESS) 5124 Kabadie ave				
18. BURIAL, CREMATION, OR REMOVAL PLACE Cafory DATE July 14, 1934				
19. UNDERTAKER (ADDRESS) 1600 Natural bridge ave				
20. FILED 2. 1934 Jos. J. Dedeck Registrar.				

A MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1st. 1934**

22. I HEREBY CERTIFY, That I attended deceased from **May 12**, 19**34** to **July 21**, 19**34**
I last saw him alive on **July 20**, 19**34** Death is said to have occurred on the date stated above, at **5 P.** m.
The principal cause of death and related causes of importance were as follows:
Senility
myocardial degeneration
chorea
hypertension
Intestinal
Other contributory causes of importance: **1911**
Heart Prothrombin

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? _____
If so, specify _____
(Signed) **Beal** M. D.
(Address) **Carleton Aldy**

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.

AUG 14 1934

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