

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

Do not use this space.

**FEB 24 1936**

2669

1. PLACE OF DEATH  
 County St. Charles Registration District No. 756  
 Township Portage Primary Registration District No. 5997  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lois Elaine Springer  
 (a) Residence, No. near West Alton Mo Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred — yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 6, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>4</u>
		<u>15</u>
		Days <u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Portage Township</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Joseph Springer</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Portage Township</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mamie Nealson</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Portage Township</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. Joseph Springer</u> (ADDRESS) <u>West Alton Mo, Apr. 23</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Everest Cemetery</u> DATE <u>Jan 23, 1936</u>		
19. UNDERTAKER <u>Robert H. Stricker</u> (ADDRESS) <u>2521 E. Howard St., Alton, Mo.</u>		
20. FILED <u>Jan 23, 1936</u> <u>C. A. Barnard</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Head injuries, to Jan 22, 1936  
 Has been alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Natural causes, probably acute indigestion Date of onset Jan 17, 1936

Other contributory causes of importance: The coroner received the review

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Report Was there an autopsy? no

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 none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Will F. Freeman, M. D.  
 (Address) St. Charles Mo

Coroner of St. Charles Co Mo

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.

