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 18 1936

# 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. 1003

City St. Louis (No. 8721, HALLS FERRY RD. St. ..... Ward)

File No. 28034

Registered No. 6763

**2. FULL NAME** MARIE WILHEMINA SPRINGMEYER

(a) Residence, No. 8721 HALLS FERRY RD. 8 Ward.
(Usual place of abode) (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| FEMALE | WHITE | SINGLE |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 27, 1856

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 2 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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. Louis, Mo.

FATHER

13. NAME FRED SPRINGMEYER

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

MOTHER

15. MAIDEN NAME Charollete HAZE

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

17. INFORMANT (ADDRESS) Henry E. Bunderthal Supt. 8721 Halls Ferry Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Western Luth. Cemetery DATE July 6, 1936

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home Inc. 1936 St. Louis Ave.

20. FILED JUL 4 1936 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY, 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from JULY, 2, TO 1936, to JULY, 3, 1936

I last saw her alive on JULY, 2, 1936. Death is said to have occurred on the date stated above, at 9:A m.

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

| | Date of onset |
|---|---|
| CEREBRAL APOPLEXY | |

820

Other contributory causes of importance: NO

Name of operation NO Date of

What test confirmed diagnosis? 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? (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?

If so, specify

(Signed) S. A. Van Hoefen, M. D.

(Address) 8313 HALLS FERRY RD. CITY