

SEP 29 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

32109

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. Emmanuel Home)

Registration District No. 757
Primary Registration District No. 5998

File No. _____
Registered No. 143
St. _____ Ward _____

2. FULL NAME

Emma L. Springer

(a) Residence, No. St. Louis, Mo. St. _____ Ward _____

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 5 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____
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) Perry County, Mo. (STATE OR COUNTRY)

FATHER
13. NAME George Springer

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

MOTHER
15. MAIDEN NAME not known

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

17. INFORMANT Emmanuel Home (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Emmanuel Home DATE Aug. 6, 1936

19. UNDERTAKER 301 - 397 N. Main (ADDRESS) St. Charles

20. FILED Aug 5, 1936 Clarence P. Mueller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1936

22. I HEREBY CERTIFY that I attended deceased from Nov 20, 1925 to Aug 4, 1936, 1936.

I last saw her alive on Aug 22, 1936. Death is said to have occurred on the date stated above, at 7 A. M.

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

Date of onset
1) Brain tumor
2) Chronic cerebral leptomoninquitis
Other contributory causes of importance:

Epilepsy
Idiosyncrasy
Name of operation _____ Date of _____

What test confirmed diagnosis? Cadaveric 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 _____, 1936

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 _____

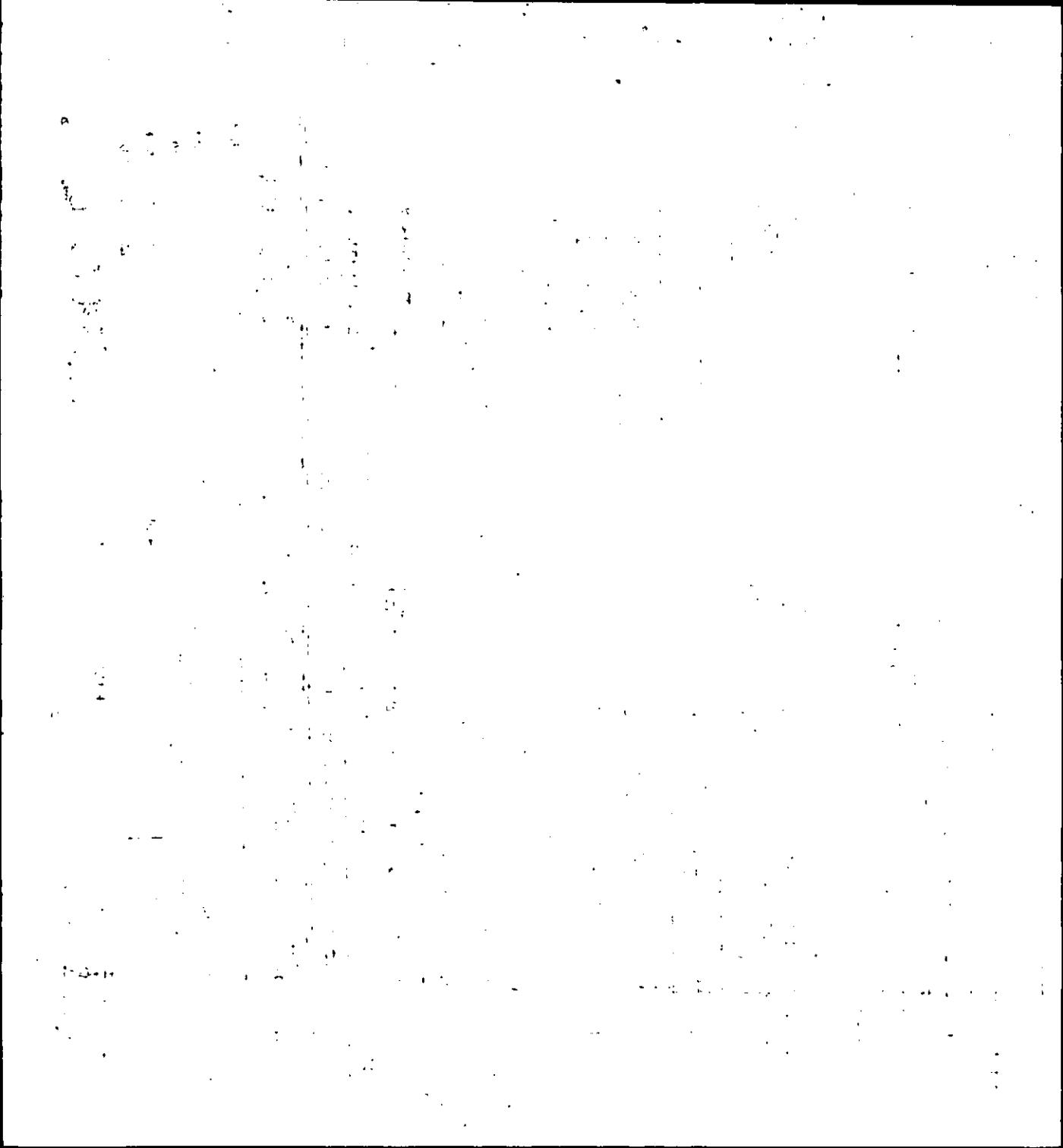
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. P. Perich Schurz, M. D.

(Address) St. Charles, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

Do not use this space.

1. PLACE OF DEATH
 County St. Charles Registration District No. 75-7 File No. _____
 Township St. Charles Primary Registration District No. 3998 Registered No. 143
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Emma L. Springer
 (a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:
 1. Brain tumor (Date of onset)
 2. Chronic cerebral
lepto meningitis
non malignant
from epidemic

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 11/7/36, 19 Clarence S. Moore Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), file 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) A. P. Erich DeLong, M. D.

(Address) St. Charles

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

S-32109