

JAN 30 1937

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

Do not use this space.

47083

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 5540 Delmar Blvd.) St. .... Ward) Registered No. **12913**

2. FULL NAME William Granville Springgate(a) Residence, No. 5540 Delmar Blvd. St., 5 Ward.

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Springgate</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-30-1872</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>0</u>
	DAYS <u>0</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>Dept. Manager</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Anderson Laundry Co.</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....New Haven, Mo.  
(STATE OR COUNTRY)13. NAME Mark Springgate14. BIRTHPLACE (CITY OR TOWN).....Missouri  
(STATE OR COUNTRY)15. MAIDEN NAME Mary S. Scammell16. BIRTHPLACE (CITY OR TOWN).....Missouri  
(STATE OR COUNTRY)17. INFORMANT Mr. Vester Springgate  
(ADDRESS) 5540 Delmar Blvd.18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Haven, Mo. DATE Jan. 2nd, 193719. UNDERTAKER Drehmann Narsal  
(ADDRESS) 1905 Union Blvd.20. FILED DEC 31 1936 J. H. Predeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30th, 193622. I HEREBY CERTIFY, that I attended deceased from Dec. 30, 1936 to Dec. 30, 1936I last saw him alive on Dec. 31, 1936 Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Ch. MyocarditisDate of onset  
10 days

Other contributory causes of importance:

Arterio-Sclerosis5 yrs.Name of operation.....Chinoid Date of.....What test confirmed diagnosis..... Was there an autopsy? Yes23. 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) Lloyd Chubb, M. D.(Address) 462 N. Toefler

462 W Taylor

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