

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Rose Sanatorium

Registration District No. 1123
Primary Registration District No. 6248 E

File No. 24930
Registered No. 264

2. FULL NAME

Theodore L Springhaus

(a) Residence, No. Okawville, Ill. St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1898

7. AGE YEARS 39 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Place

10. Date deceased last worked at this occupation (month and year) May 1-1937 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okawville, Ill.

13. NAME H. H. Springhaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bluem Hill Twp, Missouri

15. MAIDEN NAME Amelia Vogelbein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bluem Hill Twp, Missouri

17. INFORMANT (ADDRESS) Mrs. Nellie Springhaus, Okawville, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Okawville, Ill. DATE June 15, 1937

19. UNDERTAKER (ADDRESS) Otto H. Buchmuller, Okawville, Ill.

20. FILED June 28, 1937 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937 to June 28, 1937. I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1937

Other contributory causes of importance: Tuberculosis testicles meningitis } June 1937

Name of operation None Date of What test confirmed diagnosis? None 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 , 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? Yes. If so, specify (Signed) Chris. W. Ehler M. D. (Address) 720 1/2 So. Pike

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.

OCCUPATION FATHER MOTHER

