

REC'D MAY 10 1938

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

12624  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **ST. LOUIS MO.** (d) Street No. **1710 S 7<sup>th</sup> ST.** Registered No. **3228**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **1710 S. 7<sup>th</sup> ST.** St. **23** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 **DORA SPRINGER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 15, 1885**

7. AGE YEARS **52** MONTHS **9** DAYS **20** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. **MAINTENANCE**  
9. Industry or business in which work was done, as saw mill, bank, etc. **RESTAURANT.**  
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) **NEW YORK, N.Y.**

FATHER 13. NAME **UNK. SPRINGER**

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

MOTHER 15. MAIDEN NAME **UNKNOWN**

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

17. INFORMANT (ADDRESS) **DORA SPRINGER 1710 S 7<sup>th</sup> ST.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. JOHN'S CEM.** DATE **APRIL 6, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schuur, 3125 Palmyra av.**

20. FILED **APR 15 1938** *J. B. Beech* (Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APRIL 4, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 2, 1938** to **April 4, 1938**  
I last saw him alive on **April 2, 1938**. 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:  
**Chronic Myocarditis**  
**W. P.**

Other contributory causes of importance: **Carcinoma of Rectum 1930**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify **William Donta**, M. D.  
(Signed) **William Donta**, M. D.  
(Address) **1319 a**

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.

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Vollmer, Licensed Embalmer No. 4014  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed Joseph B. Vollmer  
Licensed Embalmer No. 4014

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**