

JAN 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

40783
Do not use this space.

2 CERTIFICATE OF DEATH 1001
1003

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 3418 North 14th St St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 10475

2. PRINT FULL NAME

Elizabeth Springmeier,
(a) Residence, No. 3418 North Fourteenth St. St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 August H Springmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1872

7. AGE YEARS 66 MONTHS 7 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) St Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME Bernard Benning

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Aug. H. Springmeier
3418 North Fourteenth St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE Dec 5 1938

19. FUNERAL DIRECTOR (NAME) Beiderwieden Funl Home (ADDRESS) 1936 St Louis Ave

20. FILED DEC 5 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/30/38 19. to Dec. 3, 1938

I last saw her alive on 12/3/38 19. Death is said to have occurred on the date stated above, at 6:00 A.

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

Cardio-Vascular-Renal Date of onset Several Yrs.
disease.

Other contributory causes of importance: Cardiac decompensation. 8/30/38

Block Heart.

General Anasarca

Uremia - Uremic coma - 14 days Date of No.

23. If death was due to external causes (violence), fill in also the following: History, Clinical and Lab.

Accident, suicide, or homicide? Date of injury

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.

(Signed) Dr. Luke Stinson, M.D. M. D.

(Address) 3718 Jennings, St. Louis

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. *3737*

P. O. Address *1936 W. Tausch*

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.)

If this body is not embalmed, above space should be left blank.