DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3839

Registration District No. 784 Primary Registration District No. 45 Registrar's No. 110

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7457 Stanford Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 7457 Stanford Ave

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City Mo (If outside city or town limits, write "RURAL")

(d) Street No. 7457 Stanford Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 73 Years years.

3. (a) PRINT FULL NAME Charles J.T. Springe 165

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Marie Springe

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 22 1850 (Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Retired 6

11. Industry or business Sec Lungstras Cleaning Co 6

FATHER
12. Name Carl Springer 6
13. Birthplace Germany (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Margaret Dammann
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Metz

(b) Address 7457 Stanford Ave University City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JAN 16 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day January year 1940 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from October 7th., 1939, to January 10th., 1940 that I last saw him alive on January 10th., 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocarditis following chronic myocarditis	Jan. 13 1940
Due to	
Due to	
Other conditions Chronic arteriosclerosis (Include pregnancy within 3 months of death) chronic hypertension	

Major findings: Of operations None

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 2278 S. Jefferson Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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Dr. Jungk
Jefferson and Shenandoah
Grand 4216

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 Frank I. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.