

Registration District No. 7911

Primary Registration District No. 1005

Registrar's No. 9339

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community About 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits write "RURAL")
(d) Street No. 2301 Warren St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1940 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1 1940 to Nov 9 1940;
that I last saw his surviving on Nov 9 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Left Cerebral Hemorrhage 9 days
due to Essential Hypertension 9 days
Due to Essential Hypertension 5 yrs.
Due to Generalized Arteriosclerosis 10 yrs.
Other conditions Arteriosclerotic Ulcer 15 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy As above

Duration
9 days
9 days
5 yrs.
10 yrs.
15 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME NORA SPRINGER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred Springer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 1, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 8 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Logan

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Springer

(b) Address 2301 Warren St

17. (a) Burial (b) Date thereof Nov 12
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles H. Hoover

(b) Address 2228 St. Louis Ave

19. (a) NOV 13 1940 (b) J. H. Seidick
(Date received and registered) (Embalmer's signature)

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? 940 (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 R. H. Maxwell (M. D. or other) _____
Address City of St. Louis Date signed _____

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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

Charles Goodhart

Licensed Embalmer No.

2777

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.