

S. No. 2  
M-5-43  
7-5-17-39  
I X36571

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 28 1944 3 1 3

STANDARD CERTIFICATE OF DEATH

State File No. 5776

Registrar's No. 1508

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Desloge Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9 11

(d) Street No. 4036 Easton Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3: (a) PRINT FULL NAME Mary Springer

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1944 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan. 24,  
1944, to Feb. 13, 1944;  
that I last saw her alive on 2-13, 1944;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Rutherford Springer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 15 1880  
(Month) (Day) (Year)

Immediate cause of death Rupture Jejunum Varices. Duration

Due to embolic lines

Due to .....

Other conditions (include pregnancy within 3 months of death) 124

8. AGE: Years Months Days If less than one day

63	11	28	.....hr. ....min.
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9. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER {

12. Name Richard Crofton

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

14. Maiden name Katherine Sullivan

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

16. (a) Informant Rutherford Springer

(b) Address 4036 Easton Ave.

17. (a) Burial (b) Date thereof 2-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 15 1944 J. F. Brudick  
(Date received local Registrar) (Registrar's signature)

Major findings: Of operations .....

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?

While at work?..... (Specify type of place)

(e) Means of injury 0

23. Signature Philip L. Ozar (M, D, or other)

Address Desloge Hospital 2-14-44  
Date signed

**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.....

*John Gonoski*

Licensed Embalmer No. 3398

P. O. Address.....

**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, fact should be so stated above.**