S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13383

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3916

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:
Missouri Baptist Hospital
(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
(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4803 Fountaine Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Barbara May Springgate.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 24th (Day) 1925 (Year)

8. AGE: Years 18 Months 7 Days 1 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Francis Springgate.
13. Birthplace New Haven, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ella Lauise Hengelsberg.
15. Birthplace Mayfield, (City, town, or county) Kentucky. (State or foreign country)
16. (a) Informant Mr. Francis Springgate.
(b) Address 4803 Fountaine Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) APR 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1944 hour 2:10 minute A. M.
21. I hereby certify that I attended the deceased from 4-1-44, 19 to 4-25-44, 19
that I last saw him alive on 4-25-44, 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis L. Lung
Due to Empyoemia
Due to Acute Resp. Infection
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 114

Duration

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 4-25
23. Signature R. Randall (M. D. or other)
Address 4932 Mary Cove Date signed 44

(Licensed Embalmer's Statement on Reverse Side)

Dr.R.K.Andrews.
4932 Maryland,
RO-4620
Hrs. 1 to 4 P.M.

3916

3916

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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.