V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15610

Registration District No. 818 Primary Registration District No. 0003 Registrar's No. 4107

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

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4416 Minnesota Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Myrtle L. Spring

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 married

6. (b) Name of husband or wife Lyle C. Spring

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September 22, 1909 (Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name George Vonderheid
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ernestine Rudolff
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Lyle C. Spring
(b) Address 4416 Minnesota Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) MAY 18 1945 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1945 hour 6:10 minute p. M.

21. I hereby certify that I attended the deceased from May 14, 1945, to May 16, 1945; that I last saw him alive on May 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute uremia	4 days
Due to Acute alcoholism	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Karl J. Balazs M.D. (M. D. or other)
Address 3623 Cleveland Ave Date signed 5/18/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Balazs
3623 Cleveland
1-3 Friday

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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, fact should be so stated above.