

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

436

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

3149 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months 5 Days  
(Specify whether \_\_\_\_\_)

In this community Life  
(years, months or days)

3. (a) PRINT FULL NAME Alice Springer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased November 3rd 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at Home

12. Name Joshua Antram

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

14. Maiden name antrations

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

16. (a) Informant: Wm C. Springer Son  
(b) Address 6348 Devonshire Ave

17. (a) Burial (b) Date thereof Jan. 14 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peatz Bros  
(b) Address 3029 Lafayette Ave

19. (a) JAN 15 1948 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town 2714 Dalton St St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2714 Dalton St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th  
year 1946 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 5, 1945, to Jan 9, 1946  
that I last saw her alive on Jan 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease with cardiac failure  
Due to Coronary sclerosis  
Due to \_\_\_\_\_

Other conditions 92  
(include pregnancy within 3 months of death)

Duration 2 yrs

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Barnett L. Tansig (M. D. or other) MD  
Address 4500 Olive St Date signed Jan 12

936

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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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Paul J. Dwan*

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, fact should be so stated above.**