

5. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8247**

FILED MAR 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 613

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Richmond Heights		c. CITY OR TOWN Clayton	
c. LENGTH OF STAY (in this place) 16 Days		d. STREET ADDRESS (If rural, give location) 7436 York Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) James c. (Last) Springett			4. DATE OF DEATH (Month) (Day) (Year) 2 / 19 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/1/1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Days 1 IF UNDER 1 MIN. Hours 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner			10b. KIND OF BUSINESS OR INDUSTRY Winsby & Sprigg Type Setting Co		11. BIRTHPLACE (State or foreign country) St. Louis
12. CITY/TOWN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Wm James Springett	13b. MOTHER'S MAIDEN NAME Katie Vaughan	14. NAME OF HUSBAND OR WIFE Clementine E. Vach
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-36-8253	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. J. Springett	ADDRESS 7436 York Drive
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid colon		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Aforbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Pericarditis 193X		

19a. DATE OF OPERATION 1-21-1953	19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid colon	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-19**, 19___, to **2/19/53**, 19___, that I last saw the deceased alive on **2/19/53**, 19___, and that death occurred at **2:02 Am.**, from the causes and on the date stated above.

23a. SIGNATURE John Stewart (Degree or title) M.D.	23b. ADDRESS 4660 Maryland Ave.	23c. DATE SIGNED 2/20/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/53	24c. NAME OF CEMETERY OR CREMATORY Sunset Park
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		

DATE REC'D BY LOCAL REG. 2-21-53	REGISTRAR'S SIGNATURE Herbert R. Dombke MD	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary	ADDRESS 6633 Clayton Road
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Ernest W. Spillers

Licensed Embalmer No. *4080*

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.