

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10623

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

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 613

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Olivette</u>	c. LENGTH OF STAY (in this place) <u>5 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Olivette 38</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-13 Covington Lane</u>		d. STREET ADDRESS (If rural, give location) <u>13 Covington Lane</u>	

3. NAME OF DECEASED (Type or Print) <u>VESTER</u>	a. (First) <u>N</u>	b. (Middle) <u>SPRINGGATE</u>	c. (Last) <u>3</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 55</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 7, 1896</u>	9. AGE (In years) (Last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>sales manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>KXOK Radio Station</u>	11. BIRTHPLACE (State or foreign country) <u>New Haven, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William G. Springgate</u>	13b. MOTHER'S MAIDEN NAME <u>Anna B. Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Springgate</u>
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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) <u>yes WW #1</u>	16. SOCIAL SECURITY NO. <u>493-09-8157</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Betty Springgate</u>	ADDRESS <u>13 Covington Lane</u>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery disease</u> DUE TO (c) <u>Angina Pectoris</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>8 yrs</u> <u>1 1/2 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Nov 1954, to March 13 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Kingsley Webb MD</u>	23b. ADDRESS <u>9721 Olive St. St. Louis Mo</u>	23c. DATE SIGNED <u>3-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>3-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Haven</u>	24d. LOCATION (City, town, or county) (State) <u>New Haven, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/14/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Lamb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton &amp; Sons</u>	ADDRESS <u>7233 Delmar Blv'd.,</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

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.

Student Embalmer No. ....

Signed Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.