

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38585

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. 4018 North 22<sup>nd</sup> St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 11269  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 4018 North 22<sup>nd</sup> St., 26 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 7 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Opt. Homer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

10. NAME OF FATHER Fredrick Springster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Waldeck  
 (Address) 4018 N. 22<sup>nd</sup> St.

15. FILED 17 1921 Max G. Starceff  
 19 \_\_\_\_\_ REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 16 1921

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1921, to Dec 16, 1921, that I last saw him alive on Dec 16, 1921, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131  
82A Apoplexy  
97

CONTRIBUTORY (SECONDARY) Arteriosclerosis of Chronic Nephritis

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH. 124 of Ohio

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. J. Niebauer M.D.  
 (Address) m/16 2611 N 20th St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens DATE OF BURIAL Dec. 19 1921

20. UNDERTAKER Wm. Hermann & Son ADDRESS 4103<sup>rd</sup> St. Florissant & Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE TO MEET, WITH OUPWARD INDENTIONS IS A PERMANENT RECORD

