

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

21948

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **3800 Green**)

File No.
Registered No. **6095**
St. Ward)

2. FULL NAME

Mattie Springmeyer

(a) Residence No. St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 5 1928**

6. SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kustar A. Springmeyer**

17. I HEREBY CERTIFY That I attended deceased from **Jan 1st**, 19**28** to **June 5th**, 19**28**
that I last saw h. alive on **July 4th**, 19**28** and that death occurred, on the date stated above, at **9:10 a. m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 10 1858**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 26

46 Carcinoma Liver
131 (duration) yrs. **4** mos. da.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **at home**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) **Chronic Indistinct Nephritis** (duration) **2** yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER **Samuel Clark**

8 DID AN OPERATION PRECEDE DEATH DATE OF ...
WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **United States**

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **D. A. Thomson, M. D.**

12. MAIDEN NAME OF MOTHER **Letia Popejoy**

June 5 1928 (Address) **312 1/2 Grand**

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

*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.

14. INFORMANT **Rodger E Springmeyer**
(Address) **3800 Green**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE OF BURIAL **June 7 1928**

15. FILED **May 27 1928**
REGISTRAR

20. UNDERTAKER **Beusick-Nehau** ADDRESS **1138 N 6**

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.

