

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1761

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Chesterfield
(c) Name of hospital or institution:
None-Olive Street Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Three months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Chesterfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. Olive Street Road 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Springett

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife William J. Springett 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased June - 8 - 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Housewife

11. Industry or business At home

12. Name Theodore Guenther

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

14. Maiden name Winkler

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

16. (a) Informant Mrs. Wm. H. Brockmann

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof Aug. 26 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Lutheran Cem.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) AUG 25 1941 (Date received local registrar) E. S. McLawrence (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1941 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 1938 to _____, 1941.
that I last saw her alive on May, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration uncertain

Due to Senility - Arteriosclerosis

Due to 9321

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Clara M. Roberts (M. D. certifying) 9/26/41
Address Valley Park, Mo. Date signed 9/26/41

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

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signature *Theo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Bellwin, 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.