

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10969

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 688

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton  
c. LENGTH OF STAY (If in this place) 1 day  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4109  
d. STREET ADDRESS (If rural, give location) 220 N. Harvey Ave.

3. NAME OF DECEASED  
a. (First) Viola  
b. (Middle) SPRINGER  
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
3 13 52

5. SEX Female  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 9, 1881  
9. AGE (In years last birthday) 70  
IF UNDER 1 YEAR: Months Days  
IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Cleary

13b. MOTHER'S MAIDEN NAME Jeanette Markam

14. NAME OF HUSBAND OR WIFE Albert W. Springer (Dec'd)

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. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. J. J. Zurbriggen, Ferguson Mo.  
ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Ca of Rectum  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  
DUE TO (c) 154X  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1952, to 3-13, 1952, that I last saw the deceased alive on 3-13, 1952, and that death occurred at 6:01 A.M., from the causes and on the date stated above.

23a. SIGNATURE Ernest H. Schiager, M.D. (Degree or title)

23b. ADDRESS 6018 Brintwood Clinton

23c. DATE SIGNED 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 15, 1952

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 3-14-52

REGISTRAR'S SIGNATURE Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Missouri.

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 *L. M. White*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3973*

P. O. Address *Terragon, S.C.*

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.