

FEB 27 1934

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

Do not use this space.

1670

1. PLACE OF DEATH

County Jefferson Registration District No. 425
Township Meramec Primary Registration District No. 5580 File No. 10
City St. Louis (No.) St. Ward

2. FULL NAME

Henry William Springmeier

(a) Residence, No. St. Ward (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Springmeier Dec 1854

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1884

7. AGE YEARS 49 MONTHS 7 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. always a carpenter
10. Date deceased last worked at this occupation (month and year) Aug 1933 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dittmer Mo.

13. NAME Henry Springmeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany a day

17. INFORMANT Jda Roeser (ADDRESS) Dittmer Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martin's Dittmer Mo. DATE 1/17/34

19. UNDERTAKER J. H. Brunner (ADDRESS) Home Springs Ave

20. FILED 1/2 J. J. Javors & Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1934

22. I HEREBY CERTIFY That I attended deceased from August 15, 1933 to Jan 11, 1934
I last saw him alive on Jan 11, 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Rectum Date of onset about May 1933
U.D.

Other contributory causes of importance U.D.

Name of operation none Date of
What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John F. Roeser, M. D.
(Address) Dittmer Mo.

