

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3418 North 14th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME August H Springmeyer

3. (b) If veteran, name, war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Elizabeth Springmeyer 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 4 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Plasterer

11. Industry or business.....

MOTHER FATHER { 12. Name John Springmeyer  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophie Unknown  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant A. Springmeyer  
(b) Address 3418 North 14th St  
17. (a) Burial (b) Date thereof 3 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc  
(b) Address 1936 St Louis Avenue

19. (a) MAR 14 1942 (b) J. F. Meders  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3418 North 14th St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1942 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Jen 5  
1942 to Jan 9 1942  
that I last saw him alive on Jan 9  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

Due to.....

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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 J. F. Meders (M. D. or other)  
Address 3418 North 14th St St Louis Date signed 3/13/42

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

179

40111

DEC 19 1952

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.....

*Dale Harness*

Registered Apprentice No. *293*

working under my personal supervision.

Signed.....

*Felix J. Krissin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

**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.