

FILED AUG 30 1943 318

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Masonic Home of Missouri 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years  
(Specify whether years, months or days)

In this community 13 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Herschel T. Springer

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

4. Sex m 5. Color or Race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 6, 1860 Missouri  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	10	12	hr. _____ min.

9. Birthplace Pettis County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor and Nightwatchman

11. Industry or business \_\_\_\_\_

12. Name John Thomas Springer

13. Birthplace Jacksonville, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Gally Ann Glasscock

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

16. (a) Informant John Spruel

(b) Address 535 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Lane

(b) Address 6125 Delmar av

19. (a) AUG 19 1943 (Date received local registrar) (b) J. H. Fredrick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Boulevard  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1943 hour one minute 35 P. M.

21. I hereby certify that I attended the deceased from May seventh, 1940, to Aug. 18, 1943; that I last saw him alive on August 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>1 yr</u>
Due to <u>Diabetes Mellitus</u>	<u>4 yr</u>
Due to _____	_____
Other conditions _____ <small>(include pregnancy within 3 months of death)</small>	_____

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Alon T. Lavelle (M. D. or other) \_\_\_\_\_  
Address 508 N Grand Date signed 8/18/43

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.

Signed *Jose E McCulloch*  
Licensed Embalmer No. *2460*  
P. O. Address.....

**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.