

**FILED FEB 7 1946**

Registration District No.

Primary Registration District No.

**1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(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 Fred H. Springmeyer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-09-0716

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 15th, 1881  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

12. Name Frederick C. Springmeyer

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

14. Maiden name Charlotte Hoehner

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

16. (a) Informant Martha Springmeyer

(b) Address 4712 Beacon Ave.

17. (a) Burial (b) Date thereof 2/1/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger-Voss

(b) Address 3402 N. Kingshighway

19. (a) JAN 31 1946 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boon  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4102 1/2 W. Florissant Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29  
year 1946 hour 2:30 pm minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from January 26 1946 to January 29 1946  
that I last saw him alive on January 28th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis, Bowel obstruction, appendicitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

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

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(c) 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? \_\_\_\_\_

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

23. Signature Raul O'Melvan (M. D. or other) MD  
Address 4356 Warneau Date signed 1/29/46

Duration  
24 hrs  
24 hrs  
48 hrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

3150

---

---

**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..... *W W Wilkinson* .....

Licensed Embalmer No..... *3575* .....

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.**