

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4050**
Registrar's No. **228**

BIRTH MO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

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

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFF.	
b. CITY (If outside corporate limits, write RURAL and give township) NORMANDY MO		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN DITTMER MO
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) RR #1		05650	
3. NAME OF DECEASED a. (First) HENRY (Type or Print)		b. (Middle) SPRINGMEYER	c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 1 - 22 - 58		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 19-1890
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farm		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) DITTMER MO.
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME HENRY SPRINGMEYER	
13b. MOTHER'S MAIDEN NAME ANNA HAGEMUEYER		14. NAME OF HUSBAND OR WIFE META SPRINGMEYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NDN E 491-18 9107	17. INFORMANT'S SIGNATURE OR NAME META SPRINGMEYER
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, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS DITTMER MO RR #1	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr Pulmonale			
DUE TO (c) Pulmonary edema			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 522X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-21, 1958 , to 1-22, 1958 , that I last saw the deceased alive on 1-22, 1958 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. S. Summers		23b. ADDRESS High Ridge Mo. 1-24-58	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-25-58	24c. NAME OF CEMETERY OR CREMATORY ST MARTIN'S CEM.	24d. LOCATION (City, town, or county) (State) DITTMER MO
DATE REC'D BY LOCAL REG. 1-24-1958		REGISTRAR'S SIGNATURE Robert R. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home House Springs Mo

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James V. Dwyer*

Licensed Embalmer No..... *358*

P. O. Address..... *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.