

FILED NOV 30 1944
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.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 18 weeks
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Stannings
(If outside city or town limits, write "RURAL")
(d) Street No. 1822 Switzer Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine W. Springmeyer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman Springmeyer 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 28, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 22 hr. min.

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

10. Usual occupation Housework

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mr. Herman Springmeyer
(b) Address 1822 Switzer Ave.
17. (a) Burial (b) Date thereof. Nov. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral
(b) Address 4828 Natural Bridge B lvd.

19. NOV 21 1944 (b) [Signature]
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st
year 1944 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from May 26, 1943 to November 21, 1944
that I last saw him alive on November 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma
Due to Carcinoma of St. Breast 1 1/2 yr.

Duration

6 mo.

Other conditions (include pregnancy within 3 months of death)

50

Major findings:

Of operations

Of autopsy

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?

23. Signature Arthur S. Swoboda (M. D. or other) M.D.
Address 2202 University St. Date signed 11/21/44

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

John Merriam

Licensed Embalmer No.

4186

P. O. Address

St. Louis, Mo.

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.