

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23028

State File No. ....

FILED JUL 26 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>5426</u> Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Catawissa</u>		c. LENGTH OF STAY (In this place) <u>15 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Catawissa</u>		d. STREET ADDRESS <u>26</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>675</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest August</u> b. (Middle) <u>Springmeyer</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 3, 1896</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>	11. BIRTHPLACE (State or foreign country) <u>Pittner, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Springmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Utzen</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Springmeyer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-14-9777</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Flora Springmeyer Catawissa, Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>2 yrs</u> <u>H201</u>
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Nov.</u> , 19 <u>48</u> , to <u>July 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June</u> , 19 <u>49</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Richard Steinhilber MD</u>			23b. ADDRESS <u>Pacific mo</u>		23c. DATE SIGNED <u>7/9/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marcus Lem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pittner, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 4 - 49</u>		REGISTRAR'S SIGNATURE <u>Mary B. Green</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Steinhilber</u>		ADDRESS <u>Pacific, Mo.</u>

MAR 28 1950

RECEIVED 2-12-49  
District Health Officer No. 9.  
District File Number

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.

Signed *Frank Wheeler*

Licensed Embalmer No. *3008*

Signed.....  
Student Embalmer

P. O. Address *Pacific 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.