WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22456

File No.

Registered No. 6652

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 3126 Michigan Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Gustav Steinberg

(a) Residence. No. 3126 Michigan Ave St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20 - 1868.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Carrie Steinberg
(Address) 3126 Michigan Ave

15. FILED JUL 25 1928 19 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926, to June 24, 1928 that I last saw h... alive on June 24, 1928, and that death occurred, on the date stated above, at 11:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic diffuse nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home of death
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Hospital ex.

6/24 (Signed) William T. Hirsch, M. D.
; 1928 (Address) 3500 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Pk. DATE OF BURIAL 6-27 1928.

20. UNDERTAKER Zigenheim Bros. ADDRESS 2623 Cherokee St.