

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

Do not use this space.

43339

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis (No. 5370 Pershing)

File No.....

Registered No. 12649

St.....

Ward.....

2. FULL NAME Fred Steiner

(a) Residence No.....

(Usual place of abode)

St.,

12 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Carrie L. Steiner

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 2 - 1858

7. AGE

YEARS

70

MONTHS

10

DAYS

23

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Shoe Merchant

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Abraham Steiner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Henriette Rindskopf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Carrie L. Steiner

5370 Pershing Ave.

15.

FILED

DEC 26 1928

May C. Barker

REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

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

12-25 1928

17.

I HEREBY CERTIFY, That I attended deceased from

Sept 10th, 1928, to Dec 25th, 1928

that I last saw alive on Dec 25th, 1928, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral
Hemorrhage 179
131

(duration) 93 hrs. 2 da.

CONTRIBUTORY (SECONDARY) Chronic myocarditis

Chronic nephritis (duration) 3 yrs.

Operation for enlarged Prostate

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Shuerkoag.

WAS THERE AN AUTOPSY? No.

WHO FIRST CONFIRMED DIAGNOSIS

(Signed) Harry G. Sueditzer, M. D.

, 19 (Address) 3903 Olive St.

*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

Mt. Sinai Cemetery

DATE OF BURIAL

Dec. 27 1928

20. UNDERTAKER

H. Rindskopf

ADDRESS

5216 Belmont

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.

