

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

Do not use this space.

34362

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
 2 Township St. Louis County Registration District No. 6033
 7 City St. Louis (No. St. Louis County Hospital) St. _____ Ward _____

2. FULL NAME

Stephen Steinbrun
 (a) Residence, No. 4462 Oakland St., _____ 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 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 Steinbrun
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1891
 7. AGE YEARS 42 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bread wagon driver
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freund Baking
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 21

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quetta

FATHER
 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Carrie Steinbrun
4462 Oakland

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE 10-23 1933

19. UNDERTAKER (ADDRESS) Jacker Helderle
2331 20th Broadway

20. FILED Oct 23 1933 Roth Umbrey Registrar

MEDICAL CERTIFICATE OF DEATH

4. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m. _____
 The principal cause of death and related causes of importance were as follows:

Fracture base of the skull and left temporal region - concussion of the brain - severe hemorrhage, intra-cranial, severe laceration of and maceration of the right temporal lobe of cerebrum.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (signed) John B. Turner M.D.
3718 Jennings Rd
St. Louis, Mo. 63112

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

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

NOV 10 1933

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Secondary: - Hemorrhage +
shock. "Jury report: -

We the undersigned jurors,
find said deceased came to
his death in an automobile
accident between a bus and
break truck. We have an
open verdict for further
investigation. This accident
happened on Manchester rd. & Hauley Rd.
St. Louis County.

Man was driving his own truck
at time of accident.