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.

JAN 10 1937

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

Do not use this space. 46894

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. ..... File No. .....

City St. Louis, (No. City Hospital No.1 St. ..... Ward) Registered No. 12716

B. 13448 Lena Steinbrueck

2. FULL NAME

(a) Residence, No. 3317 Illinois St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: female

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: Frank Steinbrueck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11, 1876

7. AGE: YEARS 60 MONTHS 5 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

FATHER

13. NAME: Margath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada.

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE N. H. Marcus DATE 12-28 36

19. UNDERTAKER (ADDRESS): Witt Bros. L. Nds 2929 S. Jefferson av.

20. FILED DEC 27 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/16/36, 19 to 12/24/36, 19

I last saw her alive on 12/24/36, 19 Death is said to have occurred on the date stated above, at 10.05a.

The principal cause of death and related causes of importance were as follows:

Degenerative heart disease

Date of onset

Other contributory causes of importance:

Pulmonary edema

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) Geo Seibold, M. D.

(Address) City Hospital No.1