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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 31846

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 340

City Jefferson Barracks (No. , V. A. F. St. Ward)

2. FULL NAME Leo Richard STEINBRUEGGE

(a) Residence, No. 2109a Alfred Ave St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male b

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: Mrs. Genevieve Steinbruegge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30, 1890

7. AGE: YEARS 47 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Saint Louis Missouri.

FATHER

13. NAME: Hugh Steinbruegge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis Missouri.

MOTHER

15. MAIDEN NAME: Anna Cahill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis Missouri

17. INFORMANT (ADDRESS): Clinical Clerk M. Schilleg VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Mausoleum Calvary 2184 DATE Aug 28 1937

19. UNDERTAKER (ADDRESS): A. J. Donnelly 3840 Lindell Blvd.

20. FILED Aug 25 1937 G. Mowry per L. D. Fate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937 to August 25, 1937

I last saw him alive on August 25, 1937 Death is said to have occurred on the date stated above, at 5:12 A.m.

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

	Date of onset
Transverse Myelitis, cervical region, pronounced.	Unkn.

210 CN

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Auto Date of injury About 3 weeks ago, 19

Where did injury occur? Illinois (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Auto-thrown into ditch

Nature of injury Spinal cord

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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.

Statement by Licensed Embalmer:

I Alfred J. Broeker Licensed Embalmer No. 2663

Hereby certify that the body recordd on the reverse side of this certificate

was embalmed by me

No or by

Alfred J. Broeker

Licensed Embalmer No. 2663