

JAN 24 1938

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

46708
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
 (b) Township Central Primary Registration District No. 6033C
 (c) City Overland (d) Street No. 8828 Burton Ave. Registered No. 348
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Hill Steiner

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Chicago (STATE OR COUNTRY) Ill.

FATHER 13. NAME Frank Steiner
 14. BIRTHPLACE (CITY OR TOWN) Lincoln (STATE OR COUNTRY) Neb.

MOTHER 15. MAIDEN NAME Addie M. Hill
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Frank Steiner (ADDRESS) 8828 Burton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Park DATE Dec. 20 1937

19. FUNERAL DIRECTOR Herman Rindke (ADDRESS) 5216 Delmar Blvd.

20. FILED 12-18-37 Ed Backman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1937, to Dec 17, 1937

I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 6 p.m.

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

Scarlet Fever -

Other contributory causes of importance:
Streptococcus meningitis
General septicemia

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

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) , M. D.
 (Address) 8900 St. Charles Rd.

STATEMENT BY LICENSED EMBALMER

I, Herman Rudolph, Licensed Embalmer No. 2207
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Herman Rudolph
Licensed Embalmer No. 2207

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)