

REC'D APR 7 1938

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

8822

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City.....
 (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.

Registration District No. 791
1003

Primary Registration District No. 1435a

Registered No. 2411

(d) Street No. 1435a Sullivan Ave. (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mrs. Katherine Steinberg 351

(a) Residence, No. 1435a Sullivan Ave. St. 26 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late William Steinberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11-1 852

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 85 3 28

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. Housework
 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) France

FATHER
 13. NAME Jacob Heintz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Henry Steinberg (ADDRESS) 1626 W. 19th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion's DATE Mar. 12-38

19. FUNERAL DIRECTOR Henry Ludwig U. Co (ADDRESS) 1617 N. Market St.

20. FILED MAR 11 1938 J. B. Bredock (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9-38 19

22. I HEREBY CERTIFY, That I attended deceased from

3/2 1938 to 3/9 1938
 I last saw h. alive on 3/9 1938 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Chronic Myocarditis
 Arterial Sclerosis
 "Senility"
 Date of onset 7 days

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

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? No
 If so, specify.....
 (Signed) Alphonse K. Orléans, M. D.
 (Address) 4244 N. Florissant

(Licensed Embalmer's Statement on Reverse Side)

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.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____
working under my personal supervision.

Signed *John P. Buehler* Registered Apprentice No. _____
Licensed Embalmer No. *1874*

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.)