

REC'D JUN 9 1938

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

16553
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(d) Length of residence in city or town where death occurred yrs. mos. ds. 1751

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds. 340

Registered No. 4414

2. PRINT FULL NAME

(a) Residence, No. 6538 Tholozan St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aug 15, 1890.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year) Unk.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Robert Steele

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

MOTHER 15. MAIDEN NAME Barbara Bauer

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

17. INFORMANT (ADDRESS) William Steele
6538 Tholozan

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo. DATE 5/14/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc.
429 N. Euclid, Ave.

20. FILED MAY 13 1938
J. F. Bredack
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/38

22. I HEREBY CERTIFY, That I attended deceased from 5/6/38 to 5/12/38
I last saw him 5/12/38 alive on 5/12/38 at 12.50 p.
Death is said to have occurred on the date stated above, at 12.50 p.

The principal cause of death and related causes of importance were as follows:
Meningitis, streptococci
Non Epidemic
Date of onset 79a

Other contributory causes of importance:

Name of operation Radical frontal sinus Date of 5/14/38
What test confirmed diagnosis? Autopsy 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) J. F. Bredack M.D.
(Address) City Hospital No. 1

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Albert H. Hoppe

or by

Registered Apprentice No., working under my personal supervision.

Signed

Albert H. Hoppe

Licensed Embalmer No. *1861*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.