

REC'D FEB 10 1939

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

15

Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 4229a Red Bud Ave. St. 15
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

351 George Steinbrueck,
4229a Red Bud Ave., St. 10 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9th, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Packing Clerk
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) (STATE OR COUNTRY) St. Louis, Mo.FATHER 13. NAME Edward Steinbrueck,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Mrs. Emma Steinbrueck,
4229a Red Bud Ave.,18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Jan. 2nd, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. E
1417 N. Market Street,20. FILED JAN 1 1939
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1938,

22. I HEREBY CERTIFY, That I attended deceased from about 2 months to 12/31, 1938
I last saw him alive on 12/30, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Heart Disease
Myia Pectoris

Date of onset ?Other contributory causes of importance: OH

Name of operation..... Date of.....
What test confirmed diagnosis? Arterial 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
Also, specify.....
(Signed) Arthur E. Stead, M. D.
539 N. Ward Ave.
(Address)

Straw
601 Humboldt St. City
130 - 3 PM

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John P. Buchholz
Licensed Embalmer No. 01674
P. O. Address 2523 St. Louis Ave

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.