

MAR 13 1939

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

5070  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis-** (d) Street No. **Alexian Bros. Hospital** St.  
 (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. da.

2. PRINT FULL NAME **353 Philip Steinmetz**

(a) Residence, No. **3533 Texas Avenue** St. **24**  
 (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 (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 10, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
**64 4 12**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Bartender**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Black Forest**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation **94**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria, Hungary**

FATHER 13. NAME **Unknown**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria, Hungary**

MOTHER 15. MAIDEN NAME **Unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria, Hungary**

17. INFORMANT (ADDRESS) **Fred Steinmetz 3533 Texas Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park** DATE **Feb. 25, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wm. J. Robert 1905 So. Grand Blvd.**

20. FILED **J. B. Bredich** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 22, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **2-12** 19**39** to **2-22** 19**39**  
 I last saw him alive on **2-21** 19**39** Death is said to have occurred on the date stated above, at **2.15 A. M.**  
 The principal cause of death and related causes of importance were as follows:

*Gastric obstruction due to position of gall bladder with passage of stone to duodenum*

Other contributory causes of importance: *Generalized atherosclerosis with coronary involvement*

Name of operation **Autopsy** Date of .....  
 What test confirmed diagnosis? ..... 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 **St. Rochienneur**, M. D.  
 (Signed) ..... (Address) **6849 Gravois Ave**

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.

FEB 23 1939

**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, .....

*Wm J Robert*

....., or by .....

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

Signed.....

*Wm J Robert*

Licensed Embalmer No.....

*502*

P. O. Address.....

*St Louis Mo*

**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.**