

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.

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

17226
Do not use this space.

JUN 12 1939

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. 4443 Grace Avenue 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. ds.

Registration District No. 791
Primary Registration District No. 1008

Registered No. 4760

2. PRINT FULL NAME Miss Helen Steyer

(a) Residence, No. 4443 Grace Avenue St. 15
(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 Female
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) November 10, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 6 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
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) St. Louis,
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Xavier Steyer
14. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine
(STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Louise Geiger

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

17. INFORMANT Miss Louise Steyer
(ADDRESS) 4443 Grace Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE May 26, 1939

19. FUNERAL DIRECTOR Beiderwieden F. H. Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED MAY 25 1939
J. B. Beider Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to May 22, 1939
I last saw her alive on May 22, 39 Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Date of onset 5/17/39
Other contributory causes of importance:
PK

Name of operation Date of
What test confirmed diagnosis? clinical (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) Edo. H. Bereman, M. D.
(Address) 219 2/4 S. Grand

Mr. P. H. ...
2924 St. ...

1-2
6-7.

STATEMENT BY LICENSED EMBALMER

I, Melvin J. Krupin, Licensed Embalmer No. 3497

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Melvin J. Krupin

Licensed Embalmer No. 3497

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.)