DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20443

Registration District No. 791 1003 JUL 12 1939

Primary Registration District No.

Registrar's No. 5287

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4415 Harris Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN E. STEINMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna Steinmann (Temme)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 21 (Day) 1858 (Year)

8. AGE: Years 80 Months 11 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business Upholsterer

FATHER
12. Name John Steinmann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Harry E. Steinmann
(b) Address 1905 East Warne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director E. J. Hermann
(b) Address 2161 East Fair Avenue

19. (a) JUN 13 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1939 hour 11 05 minute a. M.

21. I hereby certify that I attended the deceased from May 6th, 19, to June 10th, 1939 that I last saw him alive on June 9th, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	2
Due to	
Due to	
Other conditions Arterial Sclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Theo Vogler (M. D. or other)
Address 4244 N. Florissant Date signed 6/11/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 6-17-39 1 X19311

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. Leonard Hampton .....

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair

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.