DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27922

Registration District No. 791 Primary Registration District No. Registrar's No. 7422

1. PLACE OF DEATH: 1003
(a) County
(b) City or town St. Louis. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran 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 2230 S 3rd St.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis. 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2230 S 3rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ollie Steinhoff 351
3. (b) If veteran, name war
3. (c) Social Security No. 494-01-2747
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 17 (Day) 1901 (Year)

8. AGE: Years 38 Months 6 Days 10 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Drug Clerk 0
11. Industry or business
FATHER
12. Name Bernard Steinhoff 0
13. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Burke
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature Bernard Steinhoff
(b) Address 2230 S 3rd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 30/39 (Day) (Year)
(c) Place: burial or cremation S.S. Peter & PAul
18. (a) Signature of funeral director Thos Lister
(b) Address 2906 Gravois Ave.
19. (a) AUG 29 1939 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1939 hour 7 35 A.M. minute M.
21. I hereby certify that I attended the deceased from Aug 21-39, 19, to Aug 27, 1939 that I last saw him alive on Aug 27, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Acute	7 days
Due to	
Due to Chronic Interstitial Nephritis	???
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 William Denke M.D. (M. D. or other)
Address 1319 N Broadway Date signed 8/24/39

(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.
I X19511

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

Signed.....Thos Curtis

Licensed Embalmer No. 1619

P. O. Address 2906 Grove

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.