No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

652

State File No. 652

Registration District No. 791

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: 1003 FEB 17 1940

(a) County St Louis

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

(c) Name of hospital or institution: 5136 Moffitt Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 251

In this community 251

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 5136 Moffitt Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Alois Jos Steinhaufel

3. (b) If veteran, name war Mo

3. (c) Social Security No. 493-09-8814

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Cath Steinhaufel

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Apr (Month) 23 (Day) 1873 (Year)

8. AGE: Years 66 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Quest Casing Co.

FATHER
12. Name Joseph F. Steinhaufel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cath Meyer
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Catherine Steinhaufel

(b) Address 5136 Moffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd

19. (a) JAN 23 1940 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st Year 1940 hour 10 minute 01 A M.

21. I hereby certify that I attended the deceased from Sept 10, 1936, to Jan 21, 1940 that I last saw him alive on Jan 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulmonary Oedema	11 hours
Due to: Coronary disease Chronic myocarditis	4 yrs
Due to: Pernicious Anemia	4 yrs
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 F. R. Finnegan M.D. (M. D. or other)

Address Humboldt Bldg Date signed Jan 22/40

(Licensed Embalmer's Statement on Reverse Side)

539 M. Garland

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank..