

Registration District No.

791

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
Deaconess Hosp.  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 7 days  
(Specify whether
- In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Otto Steinbrueck

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Clara Steinbrueck 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased March 13, 1866  
(Month) (Day) (Year)8. AGE: Years 73 Months 10 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Grocer

11. Industry or business \_\_\_\_\_

12. Name Fred Steinbrueck13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Charlotte Koester15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Ama Fusch(b) Address 7434 Hazel17. (a) Burial (b) Date thereof 2-6-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Park Lawn Cem.18. (a) Signature of funeral director Jay B. Smith(b) Address 7456 Manchester19. (a) FEB 5 1940 (b) J. B. Prudeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town Maplewood  
(If outside city or town limits, write "RURAL")
- (d) Street No. 7434 Hazel  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3  
year 1940 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death Fracture of 2nd DurationDisplacement of 2ndDue to Fracture of 2ndDue to Fracture of 2ndOther conditions stroke 5:30 P.M.

(Include pregnancy within 3 months of death)

Major findings: Accident

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 1/25/40(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Jay B. Smith (M. D. or other)Address Deputy

**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.....

Licensed Embalmer No. 4029

P. O. Address Maplewood

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

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