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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13493

State File No. _____

MAY 15 1940 791
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3695

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)
In this community 68 Years.

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. 1923 John Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ YEARS.

3. (a) PRINT FULL NAME Adolph Steutermann 336
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Steutermann 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb. 6. 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23, year 1940 hour 7:10 minute A. M.
21. I hereby certify that I attended the deceased from April 19, 1940 to April 23, 1940; that I last saw him alive on April 23, 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 2 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business Auto Trimmer
12. Name Henry Steutermann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: None
Of operations None
Of autopsy Chronic Myocarditis

16. (a) Informant Mary Steutermann
(b) Address 1923 John Ave.
17. (a) Burial (b) Date thereof 4/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director W. Wilson
(b) Address 2117 E. Grand Blvd.
19. (a) APR 24 1940
(Date received local registrar) (Signature of Registrar)

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?
While at work? _____
(Specify type of place) (Means of injury)
23. Signature Adolph Steutermann (M. D. or other) _____
Address City Hospital Date 23/40

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

MOTHER FATHER

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 Frank P. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Main

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.