

JUN 10 1940
Registration District No. **784**

Primary Registration District No. **109**

Registrar's No. **963**

1. PLACE OF DEATH: **St. Louis**
(a) County _____
(b) City or town **Maplewood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **7340 Maple Ave.**
(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

3. (a) PRINT FULL NAME **William Steffen** **315**
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 **M**

6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 23, 1854**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	2	23	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business **Ret**

12. Name **George Steffen**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Lembeck**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **William Steffen Jr**
(b) Address **7340 Maple Ave.**

17. (a) **Burial** (b) Date thereof **May 20, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary Cemetery**

18. (a) Signature of funeral director **Joseph M. ...**
(b) Address **7146 Manchester Ave.**
19. (a) **MAY 18 1940** (b) **J. R. Meyer, M.D. P.H.**
(Date received local registrar) (Registrar's signature)

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. **7340 Maple Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **15**
year **40** hour **11** minute **05** P.M.

21. I hereby certify that I attended the deceased from **May 15**, 19**40**, to **May 15**, 19**40**
that I last saw him alive on **May 15**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction 3 days**

Due to **NONE**

Due to **12282**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **none**
Of operations _____
Of autopsy **none**

Duration
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? _____

707
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Joseph M. ...** (M. D. or other)
Address **7146 Manchester Ave.** Date signed **5/17/40**

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

Rev. 5-17-39
U.S. GPO: 1939 O-119811

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.

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

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.