

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis Children's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 Minutes**
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
City or town **St. Louis** **20**
(If outside city or town limits, write "RURAL")
(d) Street No. **2506 West University**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **21**
year **40** hour **11** minutes **20 P.** M.
21. I hereby certify that I attended the deceased from **11-21**
1940, to **11-21**, **1940**
that I last saw him alive on **11-21**, **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia (lobar) right upper.**
Duration **1 day**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **NO**
Major findings: _____
Of operations: _____
Of autopsy: **P. upper lobe pneumonia**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Steingeld, James**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Child**

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

7. Birth date of deceased **12-29-39**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 22 hr. min.

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

10. Usual occupation **Child**

11. Industry or business _____

12. Name **William STEIN FELL 7**

18. Birthplace **No.**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Pushkar**

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

16. (a) Informant **Welder**

(b) Address **4169 Kings Highway**

17. (a) **Burial** (b) Date thereof **11-23-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **H. Lidner and Co.**
(b) Address **3223 St. Louis ave**

19. (a) **NOV 23 1940** (b) **J. Bredt**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
28. Signature **W. B. Bredt** (M. D. or other) _____
Address **500 South Reynolds** Date signed _____

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

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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.