

FILED MAR 25 1941

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 1279

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:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 Days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT Harry Steffan  
FULL NAME

3. (b) If veteran. None name war  
3. (c) Social Security No. 498-03-7853

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Clara Steffan nee Hanselman  
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 20, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>3</u>	hr. _____ min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business

MOTHER FATHER {  
12. Name Hartman Steffan  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina Steffan  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Steffan

(b) Address 4958 Davison Ave

17. (a) Burial (b) Date thereof 2/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 8 1941 (b) J. P. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL") 717  
(d) Street No. 4958 Davison Ave  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7,  
year 1941 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from February 4,  
1941, to February 7, 1941,  
that I last saw him alive on February 7, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent Heart Disease

Due to Chronic myocarditis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy None  
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 (car)  
23. Signature James T. Murphy (M. D. or other)  
Address 1515 Lafayette Avenue Date signed 2/7/41

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

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**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo*

**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, fact should be so stated above.**