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FILED MAR 25 1941 91
Registration District No. _____

Primary Registration District No. _____

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

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 3 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Emma Stienhaus

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

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

6. (b) Name of husband or wife Late Fred Stienhaus 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 16 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Stephen Birkley

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

14. Maiden name Unknown

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

16. (a) Informant Henry J. Schwenk
(b) Address 37327 Mantle

17. (a) Burial (b) Date thereof 2-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old Pickens Cem.

18. (a) Signature of funeral director Hg. Leidner Und. Co.
(b) Address 222 1/2 St. Francis Ave.

19. (a) **FEB 11 1941** (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1720
(If outside city or town limits, write "RURAL")
(d) Street No. 2027 Madison St. 1
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10,
year 1941 hour 6:30 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from February 8, 1941 to February 10, 1941;
that I last saw her alive on February 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

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

23. Signature R. J. Maxwell (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 2/10/41

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.....

Homer L. Ponder

Licensed Embalmer No.....

3767

P. O. Address.....

2223 St. Louis av

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

If this body is not embalmed, fact should be so stated above.