No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8211

State File No.

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 376

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6623 Etzel 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6623 Etzel Ave. 5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth C. Steinemann
3. (b) If veteran, name war None
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 John S. Steinemann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 20th (Day) 1859 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	4	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Kalles
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown Meredith
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Carlie Kaufmann
(b) Address 6623 Etzel Ave.
17. (a) Crematory (Burial, cremation, or removal) (b) Date thereof 2-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) FEB 18 1941 (Date received local registrar) R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1941 hour 3:30 minute A.M. M.
21. I hereby certify that I attended the deceased from Sept 15, 1940 to Feb 17, 1941; that I last saw her alive on Feb 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Cecum
Due to
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

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
23. Signature Arthur H Just (M. D. or other) M.D.
Address 1901 Madison St Date signed 2/18/41

(Licensed Embalmer's Statement on Reverse Side)

Hrs. 11-1

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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