No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8878

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2288

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

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: City Hospital #1 D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00020

(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL")

(d) Street No. 2329 St. Louis Ave. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Steube,

3. (b) If veteran, name war None

3. (c) Social Security No. 490-01-0141

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 27th, 1878 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business John Deere Plow Co.

FATHER
12. Name William Steube
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Luenstron,
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Anna Steube
(b) Address 4038 Cleveland Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14th, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Leidner Und. Co.
(b) Address 2223 St. Louis Ave.,

19. (a) MAR 12 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1941 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia;

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? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature Alfred Berry (M. D. or other)
Address Defiance Corona Date signed 3/12/41

(Licensed Embalmer's Statement on Reverse Side)

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.....3367.....

P. O. Address.....2223 St. Louis a

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

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