

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12910**
Registrar's No. **3340**

FILED MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis.**
(c) Name of hospital or institution: **5207 Alabama Av.**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **000**
(c) City or town **St. Louis.**
(d) Street No. **5207 Alabama Av.**
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Steven George Symsack.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **15th**
year **1941** hour **10** minute **15** P.M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. **493-07-9345**

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

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

7. Birth date of deceased **November 6th 1908**
(Month) (Day) (Year)

8. AGE: Years **32** Months **5** Days **9** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Carpenter.**

11. Industry or business _____

12. Name **Steven F. Symsack**

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

14. Maiden name **Isabell Gutjahr.**

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

16. (a) Informant **Steven G. Symsack**

(b) Address **5207 Alabama Ave.**

17. (a) **Burial** (b) Date thereof **April 19, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **Ziegenhain Bros.**

(b) Address **2621-23 Cherokee St.**

19. (a) **APR 17 1941** (b) **J. T. Bredrek**
(Date received local registrar) (Registrar's signature)

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: **Broncho Pneumonia**
Contrib: Chronic Alcoholism
Due to **Edema of Brain**

Due to _____
Other conditions: **10/17**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **10/17**

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) _____
by means of injury _____

23. Signature **Alfred [unclear]** (M. D. or other) _____
Address _____ Date signed **4/17/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

W E Morris

Licensed Embalmer No. *3360*

P. O. Address *2629 Cherokee*

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.