

FILED MAY 13 1941
79

Registration District No. 79

Primary Registration District No.

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:
4460 Laclede Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life _____
years, months or days)

8. (a) PRINT FULL NAME John J. Steffen Sr.

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

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

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

7. Birth date of deceased July 12 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Retired Granitoid Worker

11. Industry or business _____

MOTHER FATHER

12. Name Dont Know

13. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Steffen Jr.

(b) Address 4460 Laclede Avenue

17. (a) Burial (b) Date thereof Apr. 28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos J Finan

(b) Address 1519 South Grand Blvd.

19. (a) APR 26 1941 (b) J. H. Brudrek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4460 Laclede Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1941 hour _____ minute 12:40 P.M.

21. I hereby certify that I attended the deceased from March 1, 1941, to April 25, 1941, that I last saw him alive on April 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs?
Due to Coro. Vascular Disease 2 yrs

Due to Chronic Prostatic Hypertrophy 2 yrs
Chronic Fibroid Tuberculosis? ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928
Of autopsy 1928

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 A
23. Signature A. J. Kaudonck (M. D. or other)
Address 4390 N. Pine Date signed 4-25-41

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

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.....

Irno J. Ketter

.....
Licensed Embalmer No. *3880*

P. O. Address.....

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, above space should be left blank.