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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 201261

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4938

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3007 Wyoming St. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis. 167
(If outside city or town limits, write "RURAL")

(d) Street No. 3007 Wyoming 9
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBERT STEIMKE

3. (b) If veteran, name war

3. (c) Social Security No.

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 July 4th 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	10	hr. min.

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

10. Usual occupation RETIRED

11. Industry or business

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

MOTHER
14. Maiden name Emma Helmerich
15. Birthplace St.Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Steimke
(b) Address 3007 Wyoming St.

17. (a) Burial (b) Date thereof June 16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) JUN 15 1941 (b) J. N. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1941 hour 5 A.M. minute M.

21. I hereby certify that I attended the deceased from March 24th 1941, 19 to June 14th, 1941;
that I last saw him alive on June 7th, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Chronic myocarditis	3 yrs.
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d
93c

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 C. H. Baker (M. D. or other) 0
Address 2901 Chrisler St. Louis Date signed 6-15-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Baker
2901 Cherokee
10 AM — 11

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 David Milton Lawson, Registered Apprentice No. 280 working under my personal supervision.

Signed Thos Little

Licensed Embalmer No. 1619

P. O. Address 2906 Gravoi

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

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