No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26304

State File No. .....

Registration District No. 134 Primary Registration District No. 200 Registrar's No. 1548

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Cor/Rochester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Koch Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 182 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 526 S. Vandeventer 9 (If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH H. STEIN

3. (b) If veteran, name war Nr

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 Dec. (Month) 13 (Day) 1889 (Year)

8. AGE: Years 51 Months 7 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter

11. Industry or business Odd jobs Man

FATHER
12. Name Joseph Stein
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Koch Hosp. Records

(b) Address Koch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 26 (Day) 1941 (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 S. Kingshighway Blvd.

19. (a) JUL 25 1941 (Date received for registration) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from 1-21- 1941 to 7-23 1941; that I last saw him alive on 7-23 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	3½ yrs (?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Confirms above

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 Bernard Friedman (M. D. or other) M.D.

Address Koch Hosp., Koch, Mo. Date signed 7-23-41

(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 Edwin S 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 wi the above constitutes grounds for revocation of license.)

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