

No. 2
-1-4-41
5-17-39
K X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

30386
State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7725

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:
3320 Norma Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MR. LOUIS J. STEINMEYER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline L. Steinmeyer 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. February 16, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Real Estate Salesman

11. Industry or business Real Estate

12. Name Mr. William Steinmeyer

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

14. Maiden name Katherine Horst
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Pauline L. Steinmeyer

(b) Address 3320 Norma Court

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

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) SEP 25 1941 (b) J. J. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 3 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3320 Norma Court 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23,
year 1941 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1-11-40
9-20-41 19, to 9-20-41 19;
that I last saw him alive on 9-20-41 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis ?
Duration _____

Due to _____
Due to Upper lenson ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None Of autopsy None
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? _____ (d) Means of injury _____

23. Signature Joseph L. Server (M. D. or other) _____
Address 4065-A Grand Date signed 9/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. J. L. Ferris
4065 S. Grand
1-3

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.....

Licensed Embalmer No. 3737

P. O. Address 1926 St. Louis

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.