

No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30428

State File No.

791

1003

Registrar's No. 7767

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town, St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5615 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Henry Steinkamp

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

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

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

alive 1882 years

7. Birth date of deceased May 22 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 4 hr. min.

9. Birthplace Germany 4 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Henry Steinkamp

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Schroeder

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Steinkamp

(b) Address 5615 a Michigan ave.

17. (a) Burial (b) Date thereof Sept. 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director C. Hoffmeister H. & Co.
7814 S. Broadway

(b) Address

19. (a) SEP 27 1941 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26,
year 1941 hour 9:00 minute A.

21. I hereby certify that I attended the deceased from September 20,
1941 to September 26, 1941
that I last saw him alive on September 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
diffuse abdominal carcinoma metastasis (primary site undetermined)
Due to

Due to 55
Other conditions (Include pregnancy within 8 months of death)

Major findings: Air in abd cavity, 3000 cc. bloody fluid, carcinomatous
Of operations K 2 Co
Of autopsy

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
23. Signature J. J. Bredbeck (M. D. or other)
Address 1515 Lafayette Date signed 9/26/41

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

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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.....

Louis C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address. *7814 S Broadway*

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.