

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3687

State File No. _____

FILED FEB 24 1942

Registration District No. 781

Primary Registration District No. 200

Registrar's No. 381

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3905 Carson Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 3905 Carson Road.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTTO C. STEINER.

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 Married
6. (b) Name of husband or wife Anna Steiner. 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August 23, 1885.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 5 25 hr. min.

9. Birthplace Belleville, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery.

11. Industry or business Own Business.

MOTHER FATHER { 12. Name William Steiner.
13. Birthplace Belleville, Illinois.
(City, town, or county) (State or foreign country)
14. Maiden name Christine Schifferdecker.
15. Birthplace Belleville, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Steiner.
(b) Address 3905 Carson Road.

17. (a) Burial (b) Date thereof 2-19-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966 68 Easton Ave.

19. (a) FEB 18 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th.
year 1942 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-31 to 2-16 1942
that I last saw him alive on 2-16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 16 hr
Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] Of autopsy _____
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? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 4356 Warneau Date signed 2/17/42

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

600

Dr. Robert C. McElvain.
4356 Warne Ave.
11 to 1 P.M. 6 to 8 P.M.
Goodfellow 2500

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 3454
David C. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3454
P. O. Address 3766 Eastern St. S. Mo.

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.