

S. No. 2
1-1-4-41
7-5-17-39
X25390

4998

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1143

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 minuets
 (Specify whether
 In this community 15 minuets
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison Ill
 (c) City or town Madison Ill
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1658-4th St. Madison Ill
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME SARAH STEINBERG

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Late David E. Steinberg 6. (c) Age of husband or wife if alive 1-1876 years (Day) (Year)

7. Birth date of deceased Dec 1-1876
 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 3 If less than one day 1 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Yisruel Steinberg

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

14. Maiden name Estes

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

16. (a) Informant Herman Steinberg

(b) Address 1658-4th St, Madison Ill

17. (a) Burial (b) Date thereof 2 6 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Openhandler

(b) Address 4469 Washington Blvd

19. (a) FEB 6 1942 (b) J. D. Buech
 (Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
 year 1942 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 28 1942 to Feb 4 1942
 that I last saw her alive on 2/4 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
 Due to Arteriosclerotic heart disease
 Due to 30 Tuberculosis pulmonary
 Other conditions (Include pregnancy within 3 months of death)

Duration

1 day

PHYSICIAN

Major findings:
 Of operations [Signature]
 Of autopsy [Signature]

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) 0
 Address Madison Ill Date signed 2/5/42

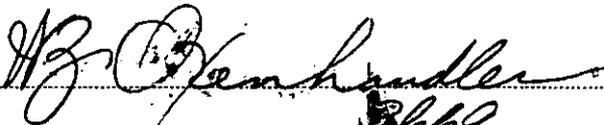
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. *2669*

P. O. Address.....

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.