

FILED APR 13 1942
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis, Missouri.**
(c) Name of hospital or institution: **3544 South Broadway.**
(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 **24.000 17**
(c) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3544 South Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULLNAME **Mary E. Steinmeyer.**

3. (b) If veteran, name war _____ 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 **Fred. Steinmeyer** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 24th, 1864.**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Jefferson Co. Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Stroup**
13. Birthplace **Unknown Missouri.**
14. Maiden name **Sarah Boge.**
15. Birthplace **Unknown Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sadie Heintzmann**
(b) Address **3544 South Broadway**

17. (a) **Burial** (b) Date thereof **March 30, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**
(b) Address **6409 Gravois Ave.**

19. (a) **MAR 28 1942** (b) **J. F. Bedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26th,**
year **1942.** hour **11** minute **20 A. M.**

21. I hereby certify that I attended the deceased from **Mar 12**
1942 to **March 26** **1942**
that I last saw her alive on **March 25** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**
Auricular Fibrillation

Duration
14 days
4 days

Due to _____
Due to _____

Other conditions **Chronic Bronchitis**
(Include pregnancy within 3 months of death) **Senility**

Major findings: _____
Of operations _____
Of autopsy _____

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) **No**
(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 **Leroy Ellison MD** (M. D. or other) **MD**
Address **3616 50 Broadway** Date signed **3-26-42**

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

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.....

J. E. Morris

Licensed Embalmer No. *3360*

P. O. Address. *2623 Cherokee*

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.