S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16700

FILED JUN 10 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4707

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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: City Hosp #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Less than 24 hr (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St Louis 000 17
(c) City or town: St Louis (If outside city or town limits, write "RURAL") 911
(d) Street No. 3225 Montgomery (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Steigert
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Unk (Month) (Day) 1871 (Year)

8. AGE: Years: All 71 Months: Days: If less than one day hr. min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business
12. FATHER Name: Unknown
13. FATHER Birthplace: Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Jenica J. Gilmore
(b) Address: 1320 Clark
17. (a) Burial, cremation, or removal: Bonhomme Bonhomme (b) Date thereof: 5-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington U.
18. (a) Signature of funeral director: W. Ritter
(b) Address: 3500 Rutger St
19. (a) MAY 29 1942 (Date received local registrar) (b) J. T. Buelle (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1942 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Hypertrophy
Due to: Occlusion of Brain
Due to: 9 8
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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? (e) Means of injury
23. Signature: Alfred Perry (M. D. or other)
Address: Deputy Coroner Date signed 5/8/42

(Licensed Embalmer's Statement on Reverse Side)

Anatomical Board

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.....

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.