

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

20042
State File No. 5630
Registrar's No.

Registration District No.

Primary Registration District No.

Registrar's No.

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

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: Firmin Desloge Hospital
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 1 Month
 In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 217
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4959 Loughborough Ave. 9
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME John Steiner

(b) If veteran, name war
 (c) Social Security No. --

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Caroline
 (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased August 18 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 11
 If less than one day hr. min.

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

10. Usual occupation Brewery Worker

11. Industry or business

MOTHER FATHER { 12. Name John Steiner
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Caroline Steiner
 (b) Address 4959 Loughborough Ave.

17. (a) Burial (b) Date thereof 7/1/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director John S. Ziegenhain
 (b) Address 7027 Gravois Ave.

19. (a) 1942 J. T. Bredek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
 year 1942 hour 7:28 minute A M.

21. I hereby certify that I attended the deceased from April 20 1942 to June 28 1942
 that I last saw him live on June 28 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach
 Duration 3 yrs ±

Due to H/O

Other conditions (Include pregnancy within 3 months of death)

Major findings: Recurrent Carcinoma Stomach
 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)
 (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) Means of injury 0
 23. Signature J. M. M. Loughborough (M. D. or other)
 Address 508 Humboldt Bldg. Date signed 6-30-42

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..... *B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address. *7027 Gravois*

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.