

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Filed SEP 8 1942

Registration District No. ....

Primary Registration District No. 22

Registrar's No. 1761

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Ferdinand Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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 Baden Station  
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 4, Box 607  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John J. Steiner

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. 492-07-9769

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20  
year 1942 hour 11 minute A M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased: Sept. 27 1913  
(Month) (Day) (Year)

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 Crushed between the wall of a building and a moving freight car.

8. AGE: Years Months Days If less than one day

28 10 23 hr. \_\_\_\_\_ min.

Due to Abrasions; Punctured lungs on right and left sides.

Due to \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Stockhouse foreman

CO. Missouri Portland Cement Co.

11. Industry or business Missouri Portland Cement

PHYSICIAN \_\_\_\_\_

12. Name Sam Steiner

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

14. Maiden name Theresa Glatz

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

16. (a) Informant Agnes Steiner

(b) Address Rt. 4, Box 607 Baden Sta.

17. (a) Burial (b) Date thereof 8-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 E. Fair, St. Louis

19. (a) AUG 21 1942 (b) C. H. Mc Laran  
(Date of death) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence August 20, 1942

(c) Where did injury occur? Missouri Portland C. Co  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial place.  
(Specify type of place)

While at work? Yes. (Specify means of injury)

23. Signature Louis H Bopp (M.D. or other)  
Address Kirkwood, Mo. Date signed 8/21, 42

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

9600

9600

707

JAN 3 1950

**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.....

*Louis H. Dapp*

Licensed Embalmer No.....

721

P. O. Address.....

*Kirkwood*

**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.**