S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 788

FILED JAN 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 221

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis
(c) City or town ~~St. Louis~~
(If outside city or town limits, write "RURAL")
(d) Street No. 6433 Derby St. NR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Haley Mary Steinbeck

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 6 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	6	2	hr. min.

9. Birthplace Blandville Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Gid Fraser
13. Birthplace Blandville Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Flora Cottner
15. Birthplace Blandville Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Ben W. Novell
(b) Address 6433 Derby St. St. Louis
17. (a) Removal (b) Date thereof Jan 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bardwell, Kentucky
18. (a) Signature of funeral director McLaughlin
(b) Address 2301 Lafayette Ave. St. Louis
19. (a) JAN 8 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1943 hour 4:55 minute A M.
21. I hereby certify that I attended the deceased from Jan 7, 1942 to Jan 8, 1943
that I last saw her alive on Jan 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction from adhesions
Due to Fold operation
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same

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 F R Bradley (M.D. ~~or other~~)
Address BARNES HOSPITAL Date signed 1/8/43

(Licensed Embalmer's Statement on Reverse Side)

Embalmer's separate Certificate to be filed

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.