

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3583**
Registrar's No. **94**

Registration District No. **2**

Primary Registration District No. **115**

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

76
530

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **University City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7246 Colgate Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7246 Colgate Ave**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Henry C. Steinmeyer**
3. (b) If veteran, name war **S.A. War.** 3. (c) Social Security No. **499-07-0269**

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 **March 14, 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 5 ..hr.min.

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

10. Usual occupation **Printer**

11. Industry or business **Garrison-Wagner Printing Co.**

MOTHER FATHER { 12. Name **Henry C. Steinmeyer**
13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Bertha Weber**
15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tillie Steinmeyer**
(b) Address **7246 Colgate Ave**

17. (a) **Burial** (b) Date thereof **1/21/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Chas. J. Kron Funeral Home**
(b) Address **4911 Washington Blvd.**

19. (a) **JAN 20 1943** (b) **Y. Mc Larson M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19**
year **1943** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 19, 1943**
19 **43** to **Jan 19, 1943**
that I last saw him alive on **Jan 19, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ordinary thrombosis**

Due to **Arteriosclerosis**

Due to **Chronic hypertensive cardio vascular disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**
Of autopsy.....

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?

23. Signature **Chas W Blair** (M.D. or other) **hub**
Address **2011 N. 11th St** Date signed **1-19-43**

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Duration
1-18-43

years

16 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

343
1/43

JAN 21 1943

FEB 19 1943

FEB 23 1943

ST. LOUIS, MO

FEB 4 1943

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 Thomas R. Jesnick

Licensed Embalmer No. 3793

P. O. Address St. Louis, Mo

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.

EMBI 08 110