

FILED MAY 6 1943

Registration District No. 277

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8021 Engle Avenue
(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. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Susan Steimel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert Charles Steimel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 1 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

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

16. (a) Informant Susan Steimel
(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof April 13 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Roman Cem.

18. (a) Signature of funeral director H. C. Dallmeier & Sons
(b) Address 801 N. Second, St. Charles, Mo

19. (a) 4-13-43 (b) C. J. McVerry, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Mar - 31 - 43
1943 to April - 8 - 1943
that I last saw her alive on April - 7 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 28 hrs.
Chronic Myocarditis with
Chronic Nephritis with
hypertension, and
diabetes.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 61

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)
(e) Means of injury _____
23. Signature C. J. McVerry, M.D. (M. D. or other) _____
Address 7436 Florissant Road Date signed _____

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

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 John C. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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.