

FILED MAY 19 1943 318

Registration District No.

Primary Registration District No.

Registrar's No.

4397

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5810 Bartmer 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.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5810 Bartmer ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward A. Steininger

3. (b) If veteran, name war no 3. (c) Social Security No. 490-12-2806

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Louise Steininger 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 5 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 5hr.min.

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

10. Usual occupation Vice-President

11. Industry or business Elam Grain Co.

12. Name George Steininger 13. Birthplace Bavaria
(City, town, or county) (State or foreign country)

14. Maiden name Christine Lanitz 15. Birthplace Bavaria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Steininger

(b) Address 5810 Bartmer ave

17. (a) Burial (b) Date thereof May-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Knox & Co.
(b) Address 2707 N. Grand Blvd

19. (a) MAY 11 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1943, to 5-10- 1943
that I last saw him alive on 5-7- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis

Due to Arterio Sclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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?
While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Carl K... (M. D. or other).....
Address Dumbold Bldg Date signed 5-11-43

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

MOTHER FATHER

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.....

Paul F. Knollenberg

Licensed Embalmer No.....

2631

P. O. Address.....

2207 N Grand

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.