S. No. 2
I—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23530

FILED JUL 17 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6145

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

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: 6925 Michigan /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17 9 /
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6925 Michigan ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna O. STEINHAUSER
3. (b) If veteran, name war None
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 George Steinhauser
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 25 (Day) 1861 (Year)
8. AGE: Years 82 Months 5 Days 12 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Richard Merkle
FATHER 13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Charlotte Bush
MOTHER 15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Walter G. Steinhauser
(b) Address 6925 Michigan ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway
19. (a) JUL 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from 7-1-, 1943 to July-7-, 1943 that I last saw h. alive on July 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Bronch-pneumonia — Duration 6 days
Due to (2) Chronic Myocarditis
Due to (3) Hypertension
(4) Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 D. S. Pruett (M. D. or other)
Address 6006 Va. ave. Date signed 7-7-43

(Licensed Embalmer's Statement on Reverse Side)

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

Paul A. Franklin, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 7814 So. Bdway

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.