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S. No. 2  
DM-243  
5-17-39  
1 X35597DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

AUG 12 1943 318

1003

Registrar's No. 7000

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri Baptist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 1/2 Days  
 In this community Since Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALFRED E. STEINMEYER3. (b) If veteran, name war None3. (c) Social Security No. 497-05-63564. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Tillie Steinmeyer (Meyer) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Sept. 27, 1892  
(Month) (Day) (Year)8. AGE: Years 50 Months 10 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Louis Steinmeyer13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Catherine Weiss15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Tillie Steinmeyer(b) Address 4231 West San Francisco Avenue17. (a) Burial (b) Date thereof 8/4/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetery SON18. (a) Signature of funeral director Math. Hermann & Son(b) Address 2161 East Fair Avenue19. (a) AUG 2 1943 (b) J. P. Redden  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4231 West San Francisco Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1  
year 1943 hour 4 minute 0 P. M.21. I hereby certify that I attended the deceased from July 20 to Aug 1 1943  
that I last saw him alive on Aug 1 and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarctionDue to AsphyxiationDue to noOther conditions no  
(Include pregnancy within 3 months of death)Major findings: none  
Of operations \_\_\_\_\_Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_23. Signature Joseph B. Jett (M. D. or other) \_\_\_\_\_Address 2161 East Fair Avenue Date signed 8/4/43

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *Wilford G. Bernley*

Licensed Embalmer No. *4202*

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.**