

FILED NOV 29 1943

318

State File No.

36966

Registrar's No.

10056 ✓

Registration District No.

Primary Registration District No.

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:
St. Anthony Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 1 Day
(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. 3420a Dunnica St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN STEIN.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male, 5. Color or Face white, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Anna Stein, 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 14, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 -0- hr. _____ min.

9. Birthplace Hermann, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster,

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Stein,
13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Schwarz,
15. Birthplace Hermann, Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Stein,
(b) Address 3420a Dunnica St.,

17. (a) Burial, (b) Date thereof 11/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Hebert Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) NOV 1, (b) J. F. Brudeck
(Date received local registrar?) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1943 hour 11:15 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Depressed fracture of skull
subdural hemorrhage of brain, lacerated
when he fell from loft in garage
at home, striking his head
on ladder Nov. 13, 1943 about
6:15 PM

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) Accident 000
(b) Date of occurrence Nov 17 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(a) Means of injury fall

23. Signature Walter G. Brown (M.D. or other)
Address 1117 1/2 E. 11th St. Date signed 11/17/43

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.....ME.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. Benz

Licensed Embalmer No.....4249.....

P. O. Address.....2842 Meramec St.,
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.