

FILED FEB 11 1944

Registration District No. **318**

Primary Registration District No. **1003**

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:
3917 Junata Ave
(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)

3. (a) PRINT FULL NAME AUGUST L. STEIBER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 1 divorced Married
6. (b) Name of husband or wife Amelia L. Steiber 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Oct 21st 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business retired 30 yrs

12. Name Henry Steiber
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia L. Steiber
(b) Address 3917 Junata Ave.
17. (a) Burial (b) Date thereof 2-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Hrigshausen Mortuaries
(b) Address 4228 So. Highways
19. (a) FEB 2 1944 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3917 Junata Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1944 hour 5:10 minute 7 M.
21. I hereby certify that I attended the deceased from 1/28 44
_____, 19____, to 2/1/44, 19____.
that I last saw h. in alive on 1/28, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Disease
Cardiovascular Disease

Due to _____
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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature D. A. Munsch (M. D. or nurse)
Address Humboldt Bldg Date signed 2/1/44

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

MOTHER FATHER

11-2

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.....

Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.