DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4495

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 46

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County —
(c) City or town Worden
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REV. WILLIAM STEINMANN
3. (b) If veteran, name war — ——
3. (c) Social Security No. ——
4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Caroline Schieferdecker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 8 (Day) 1865 (Year)

8. AGE: Years 78 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Hamel (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Lutheran Minister
11. Industry or business Ministry
FATHER 12. Name Henry Steinmann
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Anna Quade
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Anna Gross
(b) Address 3716 Ohio
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery Gellenbreck, Ill
18. (a) Signature of funeral director BEDERWIEDEN FUNERAL HOME Inc.
(b) Address 1936 St. Louis Ave.
19. (a) JAN 10 1944 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1944 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 1, 1943, to Jan 5, 1944, that I last saw him alive on Jan 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease, generalized arteriosclerosis — Duration
Due to
Due to
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 A. L. Merlin M.D. (M.D. or other)
Address 3507 Potomac Date signed 1-6-44

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Meardin 3507 Potomac

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 N. Ford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.