

S. No. 2  
M-5-43  
v. 5-17-39  
I X368

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9491**  
Registrar's No. **2554**

Registration District No. **318**

Primary Registration District No. **100**

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

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:  
BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 day (Specify whether  
In this community 20 YRS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 525 CLARA  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME EMIL GEORGE STEGER

3. (b) If veteran, name war = 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. CONNIE STEGER 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased FEB. 17 1886  
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 27 If less than one day hr. min.

9. Birthplace FULTON Co., OHIO (City, town, or county) (State or foreign country)

10. Usual occupation SOCIAL WORKER DIRECTOR

11. Industry or business SOCIAL PLANNING COUNCIL

12. Name REV. HENRY STEGER

13. Birthplace DENMARK (City, town, or county) (State or foreign country)

14. Maiden name ELISE STOPPENHAGEN

15. Birthplace FT. WAYNE IND. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Connie Steger

(b) Address 525 Clara Av.

17. (a) CREMATION (b) Date thereof MAR 17 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Benjamin J. Budeck

(b) Address 926 St. Louis Ave.

19. (a) MAR 17 1944 (b) J. F. Budeck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 12, 1944 to March 14, 1944  
that I last saw him alive on March 14, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct recent pulmonary edema and Congestion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions PHA  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. P. Abney (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 3/14/44

**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.....

*Felix J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 St. Louis*

**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.**