

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29493

State File No.

7668

FILED SEP 18 1944
Registration District No. 518

Primary Registration District No. 1002

Registrar's No.

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

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:
Saint Lukes Hospital
(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 0
years, months or days)

3. (a) PRINT FULL NAME Ida M. Kansteiner.
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....years
7. Birth date of deceased March 8, 1866.
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day
78. 5. 25. hr. min.

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

10. Usual occupation Insurance broker.

11. Industry or business.....

12. Name Frederick August Kansteiner

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

14. Maiden name Dorothea Meyer.

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin H. Kansteiner.

(b) Address 7327 Country Club Drive.

17. (a) burial (b) Date thereof 9/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Bldg.

19. (a) SEP 5 1944 (b) [Signature]
(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. # 220 North Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 44 hour 9:30 minute 7 P.M.

21. I hereby certify that I attended the deceased from 6-15
1944 to 9-2 1944
that I last saw her er alive on 9-2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Strenia Duration 1 mo.
Chronic gonorrhea urethritis yrs.

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) 12!

Major findings:
• Of operations.....
Of autopsy.....
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) (b) Means of injury.....
23. Signature [Signature] (M. D. or other)
Address 901 Pleasant Bldg. Date signed 9-3-44

844

3720 Washington
JE 4515 P.M.
1 to 3 P.M.

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City - 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.