

FILED OCT 19 1944

Registration District No. _____

Primary Registration District No. 5326

1. PLACE OF DEATH:

(a) County Cassford
(b) City or town Rural Meramec
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether

In this community one year
years, months or days)

3. (a) PRINT FULL NAME Frederick G Steffler

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 M.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4-11-1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name _____ 13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Mary Carroll 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Tearrell
(b) Address 4654 A Page Blvd St Louis Mo

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

18. (a) Signature of funeral director L J Jones

(b) Address Shelbille Mo

19. (a) 9-20-44 (b) A W Schurede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cassford
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17th
year 1944 hour 1 minute 0 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 Verdict of jury
Cardiac
Thromboses.

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?

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

23. Signature L J Jones 3
(M. D. or other)

Address Shelbille Mo. Date signed 9/17-1944

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

8
0
0

1307

RECEIVED

District Health Officer No. 5

District File Number 1044539

Date Filed 10-17-44

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 *Harry M. Jones*

Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed

Harry M. Jones

Licensed Embalmer No. *2628*

P. O. Address

Steekill, 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.