S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3614

Primary Registration District No. 6076

Registrar's No. 2594

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Pasadena Hills
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7255 Country Club Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 1

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Pasadena Hills 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 7255 Country Club Dr. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 7

3. (a) PRINT FULL NAME: Edward C. Steidemann
3. (b) If veteran, name war: None
3. (c) Social Security No. 488-05-1302
4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Julia M. Steidemann
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: March 23, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	1	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation: Secretary
11. Industry or business: American Shoe Machinery Co.
MOTHER FATHER
12. Name: Martin Steidemann
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name: Mary Ann Wilsheusen
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: Edward H. Steidemann 1
(b) Address: 7255 Country Club Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cemetery
18. (a) Signature of funeral director: Math Hermann & Son
(b) Address: 2161 East Fair Ave
19. (a) JAN 2 1945 (Date received local registrar) (b) E. G. McLaurin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th year 1944 hour 7:40 PM minute M.
21. I hereby certify that I attended the deceased from Dec 4 1944, to Dec 29 1944, that I last saw him alive on Dec 29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinomatosis. Site of original lesion undetermined. — Duration: 6 mos +
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

55C

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:
(f) Signature: C. Kleinschmidt (M. D. or other)
Address: 5087 Grand Ave Date signed: 12/30/44

(Licensed Embalmer's Statement on Reverse Side)

MAR - 6 1945

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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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.