S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

4863

State File No.

Registrar's No. 1126

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: 2849 ST. VINCENT AV.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17 9 27

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2849 ST. VINCENT AV.
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY A. STEFFENS.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE O

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWER 3

6. (b) Name of husband or wife LELA STEFFENS.

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

7. Birth date of deceased AUGUST (Month) 3 (Day) 1879 (Year)

8. AGE: Years 65 Months 5 Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation CARPENTER.

11. Industry or business

FATHER
12. Name HENRY STEFFENS.
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH UNKNOWN
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Henry C. Steffens
(b) Address 9501 Meadowbrook Overland Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation HIRAM CEMETERY

18. (a) Signature of funeral director E. J. Behrens
(b) Address 3125 Lafayette av

19. (a) FEB 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1945 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Aug 8 1944 to Feb 2 1945 that I last saw him alive on Feb 1 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Thrombosis	
Due to: Chronic Myocarditis	
Due to: Rheumatism	
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?
While at work? (Specify type of place)
(e) Means of injury

23. Signature Otto C. Hauser M.D. (M. D. or other)
Address 3157 Park Av Date signed 2/3/45

(Licensed Embalmer's Statement on Reverse Side)

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 Joe B. Pollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av

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.