S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1945

State File No. 22609

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 6281

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:
4444 Beethoven
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 83 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4444 Beethoven 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Minnie Steinmeyer

3. (b) If veteran, name war ------ 3. (c) Social Security No. ------

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William F. Steinmeyer 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June (Month) 12, (Day) 1862 (Year)

8. AGE: Years 83 Months 1 Days 6 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name Mr. Henry Strunk
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mr. Wm. H. Steinmeyer
(b) Address 4444 Beethoven

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) JUL 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1945 hour 11: minute 16 P.M.

21. I hereby certify that I attended the deceased from 1940 July 19 1945, to July 18th 1945, that I last saw her alive on July 16th 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 wk
Due to Hypertension & Arteriosclerosis	Years
Due to	
Other conditions Senility. (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arnold G. Klein (M. D. or other)
Address 2632 S. Kingshighway Date signed 7/19/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Arnold Klein

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 E Morris

Licensed Embalmer No. 3360

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.