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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35884

FILED NOV 19 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9630

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: Mo. Baptist Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3909 West Pine 19 17 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Williamc Steiger

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louetta

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased sept (Month) 20 (Day) 1899 (Year)

8. AGE: Years 46 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Pope County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Bell Telephone Co.

FATHER
12. Name Louis Steiger
13. Birthplace Red Bud (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Martha Feezor
15. Birthplace Pope County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Louetta Steiger
(b) Address 3909 West Pine

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 11 /7 /45 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Illinois

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) NOV 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 45 hour 12 minute 10 P- M.

21. I hereby certify that I attended the deceased from 11/1 1945 to 11/4 1945
that I last saw him alive on 11/3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured aortic aneurysm 4 days

Due to Non-specific

Due to

Other conditions 96
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

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 C. E. Gilliland (M. D. or other) MD
Address Mo. Theatre Bldg Date signed 11/5/45

(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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.