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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2905

FILED DEC 29 1945

Registration District No. _____ Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
In this community See above
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oaw
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 So. 7th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STEINBURG, John
(b) If veteran, name war PI
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 20
year 1945 hour 9:35 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife -- (c) Age of husband or wife if alive -- years
7. Birth date of deceased December 8, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 30, 1945 to December 20, 1945
that I last saw him alive on December 20, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 0 12 _____ hr. _____ min.

Immediate cause of death TUBERCULOSIS, PULMONARY CHRONIC, ACTIVE, FAR ADVANCED. Duration Unknown

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Cabinet Maker

Due to -- 12/20
Due to --
Other conditions see
(Include pregnancy within 3 months of death)

11. Industry or business -----
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations No operation
Of autopsy No autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Acting Clinical Clerk, Vet. Adm.
(b) Address Hosp., Jefferson Barracks, Mo.
17. (a) BURIAL (b) Date thereof DEC. 24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. OLIVE CEMETERY
18. (a) Signature of funeral director C. Hoffmann
(b) Address 7814 S. Babcock
19. (a) 12-28-45 (b) J. M. Hanson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No.
(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) (Type of injury)
23. Signature HARVEY E. SISK Major, M.C.,
Acting Clinical Director
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/20/45

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..... *James C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.