

FILED FEB 13 1946
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Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **City Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

-2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **1214a Emmett St.**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Frederick G. Steinmetz**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-30-2345**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sophia Probst Steinmetz** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 24 1875**

8. AGE:	Years	Months	Days	If less than one day
	70	4	6	hr. _____ min. _____

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

11. Industry or business _____
MOTHER FATHER { 12. Name **Valentine Steinmetz**
13. Birthplace **Germany**
14. Maiden name **Mary Wirfs**
15. Birthplace **Germany**

16. (a) Informant **Nicholas Steinmetz**
(b) Address **4842 Woodstock Ave.**
17. (a) **Burial** (b) Date thereof **2/4/46**
(c) Place of burial or cremation **Old St. Peter & Paul**

18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**
19. (a) **FEB 1 1946** (b) **J. F. Oreddeck**
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **30**
year **1946** hour **5** minute **45 P** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal Hemorrhage from Ruptured Liver; Fracture of Ribs; Fractured Left Leg**
Due to _____ when he was found lying on the street at 11.22 & _____ Market St around 5:00 A.M. **January 30, 1946**
Other conditions **Upper Place Cause**
Manner of same could _____
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) **Open Verdict**
(b) Date of occurrence **Jan 30, 1946**
(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 **Stroot-Carroll** (M. D. or other) _____
Address _____ Date signed **2/1/46**

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

3160

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.....

Ben E. Hoffman

Licensed Embalmer No.....

14366

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.