

U.S. No. 2
FORM-5-43
REV. 5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11694
Registrar's No. 2779

FILED MAR 30 1948

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3834 Nebraska Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3834 Nebraska Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH STEINMEYER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife William Steinmeyer 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan. 23 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23
year 1946 hour 12 55 PM
21. I hereby certify that I attended the deceased from February 7, 1945 to March 23, 1946
that I last saw her alive on March 23, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 2 Days 0 If less than one day
hr. 7 min. 0

Immediate cause of death Cancer of Stomach
Due to Not known

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

Due to Paralysis due to Cerebral Hemorrhage
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife.

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business At Home

12. Name Clem Schulte

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Siman

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Steinmeyer
(b) Address 3834 Nebraska Ave.

17. (a) Burial (b) Date thereof Mar 26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director W. H. H. & Son
(b) Address 2906 Gravois Ave
19. (a) J. F. Breideck (Registrar's signature)
(Date) Mar 25 1948

Major findings:
Of operations _____
Of autopsy _____

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 Ed. W. Relling (M. D. or other) 0
Address 2125 Sidney st Date signed Mar 25 46

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

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.....

Leif Budder

Licensed Embalmer No. *3989*

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.