

FILED **JUL 28 1946**

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ 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. 4230 W Margaretta Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Steudeman

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 John H. Steudeman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 10 1885  
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Patrick Delaney

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

14. Maiden name Margaret Crane

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

16. (a) Informant John H. Steudeman

(b) Address 4230 W Margaretta Ave.

17. (a) Burial (b) Date thereof 7/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Stroot-Carroll

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 4600 Natural Bridge Ave.

19. (a) JUL 18 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1946 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 16, 1946, to July 17, 1946  
that I last saw her alive on July 17 and that death occurred on the date and hour stated above.

Immediate cause of death uremia  
Duration 3 day

Due to Polycystic Kidneys

Due to Polyp of rectum

Other conditions Polyp of rectum  
(Exclude pregnancy within 3 months of death)

Major findings: Polyp of rectum

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) (c) Means of injury \_\_\_\_\_

23. Signature W. P. Glannon (M. D. or other)  
Address University Club Bldg Date signed 7/18/46

Duration

3 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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. 4/3/66  
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.**