

S. No. 2
DM-5-43
v. 5-17-39
I X36671

34655 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3160

Registration District No. 317 Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Agnes Home, 10341 Manchester Rd., 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County War
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3858 Bamberger Ave., 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anthony Joseph Steinbach
3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-01-9966

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24th
year 1946 hour 12:00 minute Noon M.
21. I hereby certify that I attended the deceased from 11/13
19 45 to 10/24 19 46
that I last saw him alive on 10/24 19 46
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3, 1875
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 1 wk
Due to Chronic pyelonephritis 10 yrs.
Due to 133 a
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
71 6 21 hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Germany, 7
(City, town, or county) (State or foreign country)

10. Usual occupation Telegrapher - Western Union

11. Industry or business Retired 2 Years

12. Name Joseph Steinbach, 11

13. Birthplace Germany, 1
(City, town, or county) (State or foreign country)

14. Maiden name Frances Brefeld

15. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant F. W. Sulzer

(b) Address 3218 Winnebago St.,

17. (a) Burial (b) Date thereof 10/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz' Mortuary
(b) Address 2842 Meramec St.,

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? _____

19. (a) 10-28-46 (b) Anthony Steinbach
(Date received local registrar) (Registrar's signature)

23. Signature John King md (M. D. or other) _____
Address 6716 Big Bend Rd Date signed 10/25/46

(Licensed Embalmer's Statement on Reverse Side) Webster Brown, Md

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

10-29-46
10-29-46
10-29-46

OCT 30 1948

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

Loron E. Seelye

Licensed Embalmer No.

4094

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.