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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 28 1946

1003

Registrar's No. 8973

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da (Specify whether
in this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town St. Ferdinand Township
(If outside city or town limits, write "RURAL") 0

(d) Street No. 9711 Diamond Drive NR, 0
(If rural, give location) 1

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MICHAEL CARL STEFFEN

3. (b) If veteran, World War #1 name war

3. (c) Social Security No. 494-07-6686

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Nettie

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 23, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 1 25 hr. min.

9. Birthplace Denver Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Bottler

11. Industry or business Hyde Park Brewery

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name _____

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

16. (a) Informant Nettie Steffen

(b) Address 9711 Diamond Drive

17. (a) Burial (b) Date thereof 10-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, Arkansas

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) OCT 20 1946 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1946 hour 12 minute 30 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 1. Cardiac Arrest, 2. Small Area of Brain Injury
when he walked into the belt near wheel of a truck being operated by one Henry Cuta at the intersection of Broadway and Salustina around 2:20 p.m. July 26, 1946

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 170

Of autopsy 170

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) Unavoidable Accident

(b) Date of occurrence July 25 1946

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Chilton Street

While at work? _____ (Specify type of place)

(e) Means of injury 60 driver

23. Signature Dr. J. Taylor (M.D. or other) 3

Date signed 10/23/46

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

DEC 10 1946

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..... *C W Cooper*.....
Licensed Embalmer No. *3830*.....
P. O. Address *2301 Lybette*.....

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.