S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7477

Registrar's No. 286

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 14 months (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5414 Delmar 9
(If rural, give location)

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

If yes, name country –

3. (a) PRINT FULL NAME STEUTERMAN, Edwin J.

3. (b) If veteran, name war WW-I

3. (c) Social Security No. [redacted]-01-6057

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Edwin J. Steuterman

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 11, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	27	hr. min.

9. Birthplace Washington, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Developing Engineer

11. Industry or business – " " "

FATHER
12. Name Louis J. Steutermann 0
13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth J. Fischer
15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Director

(b) Address VAH - Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc. ~~Wm. Vitt & Son~~

(b) Address Washington, Missouri 4th & Elm

19. (a) 2-10-47 (Date received local registrar) (b) Ruth J. Clem (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1947 hour 3:00 minute p. M.

21. I hereby certify that I attended the deceased from December 10, 1946 to February 8, 1947; that I last saw him alive on February 8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Amyotrophic Lateral Sclerosis

Due to 42

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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) No

(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? (Specify type of place)

Edwin W. McCullough M.D.
Whether certified by (a) Medical Examiner (b) Coroner

23. Signature ~~L. E. STILWELL, M.D.~~ (M.D. or other) 2/8/47

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1947

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed O. J. Meiberg

Licensed Embalmer No. V 2387

P. O. Address Washington, 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.