S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22679

FILED JUN 30 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5980

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4116 N. 11th. St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 0-0-0
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 4116 N. 11th. St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Miss Carrie J. Steidemann
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
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: December 27th. 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 28 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Martin F. Steidemann
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Mary A. Wilshusen
15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: O. F. Steidemann
(b) Address: 3808 Castleman Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cem.
18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave.
19. (a) JUN 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1947 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from Aug. 5 1940 to June 19 1947 that I last saw her alive on apl. 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	Sudden
Due to Hypertensive heart disease	yrs.
Due to arteriosclerosis generalized	yrs.
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: H. G. Newman (M. D. or other) M.D.
Address: 3720 Washington Date signed: 6/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.