

FILED SEP 2 1947  
318

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

7942

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 City 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..... Mo. (b) County..... 000

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

(d) Street No. 4537a Shenandoah  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME BETTY STEFFEN

3. (b) If veteran, name war..... None

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21  
year..... 1947 hour 5:00 minute A. M.

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 July 25 1927  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 28 1946 to Aug 20 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar

Duration 1947

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

20 0 26 hr. min

Due to..... 108

Due to.....

Kidney Disorder, Paralysis of Right side

Other conditions Right side  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Invalid

11. Industry or business.....

MOTHER FATHER { 12. Name Harry J. Steffen

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Geraldine Loew

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Steffen  
(b) Address 4537a Shenandoah Ave.

17. (a) Burial (b) Date thereof 8-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem. Kriegshauser Und. Co.

18. (a) Signature of funeral director J. F. Bradeck  
(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 21 1947 (b) J. F. Bradeck  
(Date received from registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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 J. A. Schmittler (M. D. or other) PC  
Address 5027 Taylor Date signed Aug 21-1947

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

For No. 4007

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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 Richard H. Stovesand

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

**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.