

No. 2
-12-45
5-17-39
1 X47070

FILED SEP 23 1947

Registration District No. 318

Primary Registration District No. 1003

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

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:
6557 Walsh Street
 (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 Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6557 Walsh Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GILLEM (G. J.) STEINER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
 year 1947 hour 7 minute 55 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jettie Steiner 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased May 26-1883
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 15, 1947 to Sept. 12, 1947.
 that I last saw him alive on Sept. 12, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 3 16 hr. _____ min.

Immediate cause of death. Carcinoma of stomach Duration 11 Mos.
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Belleville, Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

PHYSICIAN

Major findings: Inoperable Carcinoma of Stomach
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Frederick Steiner
 13. Birthplace Belleville, Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Joslin
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Ralph J. Bredbeck (M. D. or other) MD
 Address 3606 Travis St. St. Louis Date signed 9/13/47

16. (a) Informant Mrs Jettie Steiner
 (b) Address 6557 Walsh Street
 17. (a) Burial (b) Date thereof Sept. 15-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park
 18. (a) Signature of funeral director W. H. Mordell
 (b) Address 1926 Allen Avenue
 19. (a) SEP 14 1947 (b) J. F. Bredbeck
 (Date received local registrar) (Registrar's signature)

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 Benj. C. Duncan
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.