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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

DR Ches DENACK

State File No. 33354

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 205

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: MANCHESTER NURSING HOME 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 MOS 1 DAY (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 91

(c) City or town MANCHESTER
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMIL P.A. STEINMEYER

3. (b) If veteran, name war NO

3. (c) Social Security No. 479-01-8893

4. Sex MALE

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 DEC (Month) 30 (Day) 1897 (Year)

8. AGE: Years 49 Months 8 Days 27 If less than one day hr. min.

9. Birthplace STRATMANN (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation PLATER'S HELPER

11. Industry or business COMMERCIAL PLATING CO.

FATHER
12. Name HENRY STEINMEYER
13. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name LONGINA BOLLACKE
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant HENRY STEINMEYER

(b) Address MANCHESTER MISSOURI

17. (a) 0 Burial (Burial, cremation, or removal) (b) Date thereof SEPT (Month) 1947 (Year)

(c) Place: burial or cremation ZION'S LUTH. CEM.

18. (a) Signature of funeral director BAUMANN BROTHERS INC

(b) Address 1504 WOODSON RD OVERLAND MO

19. (a) 10-7-47 (Date received local registrar) (b) Ernest Hartz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1947 hour 905 minute A M.

21. I hereby certify that I attended the deceased from Feb 1, 1947, to Sept 27, 1947, that I last saw him alive on Sept 25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	15 hrs.
Due to Malignant hypertension	
Due to Chronic arteriosclerosis	
Due to nephrosis	
~~[illegible]~~ parenchymal	

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations

Of autopsy

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)

(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) 0

While at work? (e) Means of injury

23. Signature C A Denny (M. D. or other) MO

Address Crane Colorado Date signed 9-27-47

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 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.....

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

working under my personal supervision.

Signed Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Ks Ks

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.