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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36300

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 9872

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: Mc Pacific 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 7 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Steinhaus, Charles

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Stella Steinhaus

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

7. Birth date of deceased April (Month) 25 (Day) 1864 (Year)

8. AGE: Years 83 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Foreman

11. Industry or business Western Union

FATHER
12. Name August Steinhaus
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dewey Steinhaus

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-47 (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo

18. (a) Signature of funeral director Jno. L. Shieber

(b) Address Pacific, Mo

19. (a) OCT 25 1947 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1947 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 15, 1947, to Oct. 22, 1947, that I last saw him alive on Oct. 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Generalized Arteriosclerosis

Due to _____

Other conditions Pernicious Anemia (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

(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 Vincent A. Sherrill (M. D.)

Address Mo. Pac. Hosp. Date signed 10-22-47

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 1948
JAN 8 1948

9872

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 Jno. L. Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.