S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40218

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 10849

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County

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

(d) Street No. 2013a E. Adelaide Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florence Anna Stein

3. (b) If veteran, name war None

3. (c) Social Security No.

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 June 21, 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	5	3	hr. min.

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

10. Usual occupation Sec. Mo. Portland Cement Co.

11. Industry or business

FATHER
12. Name John Stein
13. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Ziegler
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Stein
(b) Address 2013a E. Adelaide Ave

17. (a) Burial (b) Date thereof 11/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) NOV 26 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th
year 1947 hour 3:10 P.M. minute M.

21. I hereby certify that I attended the deceased from Sept 1, 1947 to Nov. 24, 1947; that I last saw h alive on Nov. 24, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease — Duration 1 yr

Due to Chronic Myelogenous — 1 yr

Due to Sub Renal — 1 yr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 74

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 J. J. [illegible] (M. D. or other)

Address 4414 W. Florissant Date signed 11/25/47

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

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 Gustav W Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis 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.