S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1947

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43518

Registrar's No. 11514

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: 6136 Delmar Blvd. (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 060

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 6136 Delmar Blvd. (If rural, give location) 90

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

If yes, name country

3. (a) PRINT FULL NAME: BELLE P. STEINER

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Harry Steiner

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years: About 58 | Months: - | Days: - | If less than one day: hr. min.

9. Birthplace: Albany (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER 12. Name: Mose Pareira

13. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)

MOTHER 14. Maiden name: Bertha Jacobs

15. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Harry Steiner

(b) Address: 6136 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 - 18-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Sinai Cemetery

18. (a) Signature of funeral director: Herman Rudolph Meyer

(b) Address: 5216 Delmar Blvd.

19. (a) DEC 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 16th year: 1947 hour: 8½ minute: A.M.

21. I hereby certify that I attended the deceased from Aug-18, 1947, to Dec. 16th, 1947, that I last saw her alive on Dec. 16th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema — Duration: 2 hrs

Due to: Carcinoma of Breast — years

Due to: 50

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

Major findings: Of operations: Carcinoma of breast

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: Herman M. Meyer (M. D. or other) M.D.

Address: 508 N. Grand Date signed: 12/17/47

(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.....

Licensed Embalmer No. 3880

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.