No. 300
—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3127

Primary Registration District No. 1003

Registrar's No. 124

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 9276-E-Breckenridge Ave. N.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mathilda Steube

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Alexander

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

7. Birth date of deceased May (Month) 19 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	7	13	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Sunderland

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

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Warmann

(b) Address 9276-E-Breckenridge Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Bauman Bros Inc.

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) JAN 6 1948 (Date received local registrar) (b) 1948 J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1948 hour 6 minute 32 A.M.

21. I hereby certify that I attended the deceased from Aug 28, 1947, to Jan 2, 1948, that I last saw her alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	8 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Associated Carcinomatosis	6 mo

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)

While at work (e) Means of injury

23. Signature Maurice A. Bilbi (M. D. or other) M.D.

Address 8944 St. Charles Rock Date signed 1/7/48
St Louis 14 Mo

(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 3454

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

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.