

S. No. 300
OM-10-47
ev. 5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

7026
1966

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hosp.
(If not in hospital or institution, write street number or location) 7 Weeks
(d) Length of stay: In hospital or institution 6 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6265 Clemens
(If rural, give location) W.R.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernst Steen

3. (b) If veteran, name war _____ 3. (c) Social Security No. 065-16-7818

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Jeanne 6. (c) Age of husband or wife if alive 1879 years
7. Birth date of deceased June 199 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>68</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Schweinfurt Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business (unk) Steen

12. Name _____ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Karolina (unk) 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Steen
(b) Address 6267 Clemens

17. (a) Burial (b) Date thereof 2/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brith Sholom

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) FEB 26 1948 (b) J. F. Beckwith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1948 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 10
1947 to Feb 26 1948
that I last saw him alive on Feb 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute pulmonary infarct
Chronic Congestive Heart
Failure
Mural thrombus
Due to Old myocardial infarct
Coronary artery sclerosis
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration 3 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy as above

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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Jerome O. Cook (M. D. or other) _____
Address 508 N. Grand Date signed 3/26/48

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

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 *Quirino T. Andujar*

Licensed Embalmer No. *4229*

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.