

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 5 1948
Registration District No. 372

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10989
Registrar's No. 737
Primary Registration District No. 3062

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town BRENTWOOD
(c) Name of hospital or institution:
8838 POWELL AVE
(d) Length of stay: In hospital or institution
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS
(c) City or town BRENTWOOD
(d) Street No. 8838 POWELL
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED STEIGER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife AMELIA STEIGER 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased NOV. 10 1873

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 17 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from April 12, 1947 to Mar 17, 1948
that I last saw him alive on Mar 13, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 4 Days 11 If less than one day hr. min.

Immediate cause of death: Myocarditis chr. + myocardial degeneration
Due to: Arteriosclerosis general + cerebral
Other conditions: 93d
(Include pregnancy within 3 months of death)

9. Birthplace GERMANY 4
10. Usual occupation NIL
11. Industry or business

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name PETER STEIGER
13. Birthplace GERMANY 4
14. Maiden name CATHERINE KEMMLER
15. Birthplace GERMANY 4

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?

16. (a) Informant MRS R. DUGAN
(b) Address 8838 POWELL
17. (a) BURIAL (b) Date thereof 3-20-48
(c) burial or cremation BETHANY CEM

While at work? (Specify type of place) (e) Means of injury
23. Signature CN Bookelman (M. D. or other M.D.)
Address 2615 Brentwood Blvd Date signed 3/19/48

18. (a) Signature of funeral director E. J. SCHNUR
(b) Address 3125 LAKEVIEW
19. (a) 3-19-48 (b) G. L. ...
(Date received local registrar) (Registered signature)

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 Ronald Yahrke
Licensed Embalmer No. 23917
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.