. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 14688

Registrar's No. 4353

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: City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 minuets (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5943 North Pointe Blvd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herman H. Steube

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie Steube

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 10 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	9	27	hr. min.

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

10. Usual occupation Shoeworker

11. Industry or business International Shoe Co

FATHER
12. Name Henry H. Steube
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Linstroth
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Annie Steube
(b) Address 5943 North Pointe Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F Fautz
(b) Address 4828 Nat Bridge Blvd

19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1948 hour 4. minute 32. P. M.

21. I hereby certify that I attended the deceased from Apr. 6 1948 to May 4 1948
that I last saw him alive on May 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cystitis from Prostatic Hypertrophy Catarrhal Cystitis

Due to

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H A Uhlemeyer (M. D. or other) MD

Address 4362 Warne Date signed 5/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) H. A. UHLEMEYER

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 John A. Nelson

Licensed Embalmer No. 4186

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.