

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1948

1003

5952

Registration District No.

Primary Registration District No.

Registrar's No.

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:
3836 Bowen Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 45 Years
 years, months or days)

3. (a) PRINT FULL NAME Anna T. Steinbrueck

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..... William E. Steinbrueck 6. (c) Age of husband or wife if alive..... 49 years
 7. Birth date of deceased..... Nov. 26, 1902
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 7 5 hr. min.

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

10. Usual occupation..... At Home

11. Industry or business.....

MOTHER FATHER
 12. Name..... Lewis Tandy
 13. Birthplace.....
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Doris Weisel
 15. Birthplace..... St. Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Wm. E. Steinbrueck
 (b) Address..... 3836 Bowen Avenue
 17. (a) Burial (b) Date thereof..... July 5, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... BEIDERWIEDEN F.H. INC.
 (b) Address..... 1936 St. Louis Avenue

19. (a) JUL 3 1948 (b) J. F. Brueck
 (Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 3836 Bowen Avenue
 (If rural, give location)
 (e) Citizen of foreign country?..... No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 1st
 year..... 1948 hour..... 7: minute..... 25 P. M.

21. I hereby certify that I attended the deceased from Feb. 1
 1948, to July 1, 1948
 that I last saw him alive on July, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Multiple Sclerosis
 Duration..... 2 1/2 years

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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..... J. F. Brueck (M. D. or other)
 Address..... 5000 S. Plummer Date signed..... 7/5/48

Dr. L. C. Herchenroeder
5006 South Broadway

6:00 - 10:00 P.M. ONLY FRIDAY

~~JUL 12 1954~~

JUL 13 1954

JUL 5 1954

Embalmer sep certified

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.....

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.