FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31458

Registration District No. FILED OCT 1 1948 1008

Primary Registration District No. 1003

Registrar's No. 8242

1. PLACE OF DEATH:

(a) County

(b) City or town City St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Inf. Hospital. 1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YRS. 8 Mo. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3316 Iowa Ave.
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Steffen.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased December 23, 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Best Cleaners

FATHER
12. Name William Steffen 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Bachmann 4
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William Steffen
(b) Address 3316 Iowa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) SEP 21 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19
year 48 hour 12; minute 25 A. M.

21. I hereby certify that I attended the deceased from 7 7, 1948 to 9- 19, 1948
that I last saw her alive on 9- 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	5 days
Due to Chronic Rheumatic Heart Disease	years
Due to	
Other conditions Diabetes - (Include pregnancy within 3 months of death)	years

Major findings:
Of operations 61
Of autopsy none

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 C L Krag MD (M. D. or other)
Address 5600 Arsenal St Date signed Sept 19, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Francis Williamson

Licensed Embalmer No. 3565

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.