

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15037
3553

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY-REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 4 weeks
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2089

d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital
d. STREET ADDRESS (If rural, give location) 1054 Wall St., 0

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) H. c. (Last) Steinbruegge
4. DATE OF DEATH (Month) (Day) (Year) April 16th, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept 29th, 1864
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener (retired) 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry W. Steinbruegge 13b. MOTHER'S MAIDEN NAME Catherine L. Warning 14. NAME OF HUSBAND OR WIFE Caroline Steinbruegge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline Steinbruegge, 1054 Wall St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Disease
INTERVAL BETWEEN ONSET AND DEATH 10 yrs
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of left femur.
DUE TO (c) Dr. Alfred J. Henry
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Fracture of neck of left femur. ASD 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 12 1950 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Bone balance & fell. 69030

22. I hereby certify that I attended the deceased from Mar 13, 1950, to Apr 16, 1950, that I last saw the deceased alive on Apr 16, 1950, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Morris M.D. 23b. ADDRESS 8209 1/2 Broadway Ave 23c. DATE SIGNED Apr 17 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 4/19/50 24c. NAME OF CEMETERY OR CREMATORY Memorial park Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. APR 18 1950 REGISTRAR'S SIGNATURE J. B. Lucater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich E. Home 8319 Hallsferry

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.