

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Her Name is listed

RECORDED APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9277
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**
 (b) Township _____ Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **3423 Wyoming** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **3423 Wyoming** St. **176**
 (Usual place of abode, if no street address, with county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Harry Steinmeyer</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 18, 1885</i>			
7. AGE	YEARS <i>52</i>	MONTHS <i>7</i>	DAYS <i>6</i>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>		
	9. Industry or business in which work was done, as saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>		
	13. NAME <i>Unknown</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
MOTHER	15. MAIDEN NAME <i>Unknown</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT (ADDRESS) <i>Harry Steinmeyer 3423 Wyoming</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sunset Burial Pl.</i> DATE <i>3-28-38</i>			
19. FUNERAL DIRECTOR (ADDRESS) <i>Mullen Bros 4259 Lindell Blvd</i>			
20. FILM MAR 27 1938 <i>J. F. Bredich</i> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 24* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 5* 19*38*, to *March 24* 19*38*.
 I last saw her alive on *March 24* 19*38*. Death is said to have occurred on the date stated above, at *1:28 P.M.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the lungs
 Date of onset *Aug 1937*

Other contributory causes of importance:
Primary focus not found clinically.

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Clinical Report* Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *Henry P. Traul* M. D.
 (Address) *2905 Cherokee St.*

STATEMENT BY LICENSED EMBALMER

I, Thomas R. Fenwick, Licensed Embalmer No. 3793

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Thomas R. Fenwick
Licensed Embalmer No. 3793

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.)