

MISSOURI STATE BOARD OF HEALTH

REC'D AUG 12 1938

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

751  
1003

23602  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Mo. (d) Street No. St. John's Hospital (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.

Registration District No. ....  
Primary Registration District No. .... Registered No. 6296

2. PRINT FULL NAME Joseph Steltemeier

(a) Residence, No. 4423 Kossuth, St. Louis, Mo. St. 10 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-30th, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman  
9. Industry or business in which work was done, as saw mill, bank, etc. Public Service  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

FATHER 13. NAME Casper Steltemeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. K. Frohoff  
(ADDRESS) 3643-A Dodier St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery 7-15th 1835

19. FUNERAL DIRECTOR Edith F. Ambruster  
(ADDRESS) 4234 Manchester Ave.

20. FILED J. P. Bredbeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 34, 1934, to July 12, 1938

I last saw him alive on July 11, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration (arterio-sclerotic)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Carl J. Green, M. D.  
(Address) 3604 Haltington

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.

**STATEMENT BY LICENSED EMBALMER**

I, .....; Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ..... , Registered Apprentice No. ....

working under my personal supervision.

Signed *Howard F. Rewland*

Licensed Embalmer No. *3114*

**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.)**