

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23711
Do not use this space.

DEC'D AUG 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3823⁹ Morganford** St. **6405**
 (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

Louise Steinmetz 353
 (a) Residence, No. **3823⁹ Morganford** St. **15**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Widowed**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 13, 1868**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **69 years 10 3**
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House work**
 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) **1-1-1937** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

FATHER 13. NAME **Unknown**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Judith Kohl 3823 Morganford**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia** DATE **7-19-38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Oscar J. Hoffmeister 416 Chippewa**

20. FILED **JUL 18 1938** **J. F. Buddeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/16 1938**

22. I HEREBY CERTIFY, That I attended deceased from **7/8**, 19**37**, to **7/16/38**, 19**38**.
 I last saw her alive on **7/16**, 19**38**. Death is said to have occurred on the date stated above, at **12:45** p. m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset **7/38**
W.P.
 Other contributory causes of importance: **Carcinoma of Rectum** 12/36 2 years

Name of operation **Colostomy Removal Rectum** 10/37
 What test confirmed diagnosis? **Pathological Section** 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? **No**
 If so, specify (Signed) **Chas Simpson** M. D.
 (Address) **3729 Gravois ave.**

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 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

Edwin H. Lebringer

Licensed Embalmer No. *4049*

P. O. Address *4016 Chippewa*

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, above space should be left blank.