

REC'D FEB 10 1939

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

515

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 291
(b) Township Primary Registration District No. 1003 Registered No. 525
(c) City St. Louis, Mo. (d) Street No. Des. logs, Hospital St. 1003
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry Steinberg,

(a) Residence, No. 1626 North 19th Street St. 26 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Steinberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer Clerk

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME William Steinberg14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Katherine Heinz,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mrs. Bertha Steinberg,
1626 North 19th Street.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 18th 193919. FUNERAL DIRECTOR (NAME) Henry Leidner Und. Co
(ADDRESS) 1417 N. Market Street.20. FILED JAN 17 1939 J. B. Beck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-193922. I HEREBY CERTIFY, That I attended deceased from 11-28, 1938, to 1-15, 1939I last saw him alive on 1-15, 1939 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Carcinoma of liver - metastatic from site not yet determined. Peritonitis absent

Other contributory causes of importance:

Name of operation Repair of ruptured ulcers Date of 12-9-39
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 upto my knowledge(Signed) H. H. ... M. D.(Address) Ferman Deslog Hosp.

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

I X18605

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: *John P. Buchholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis A.*

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.