JAN -9 1939 REC'D FEB 7 1939

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

3835
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Normandy
(c) City Overland
Registration District No. 784
Primary Registration District No. 20
Registered No. 43
(d) Street No. 3200 Ashby Rd. 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 Katharine Steinkrueger
(a) Residence, No. 3200 Ashby Rd St.
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Steinkrueger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1874
7. AGE: Years 64 Months 8 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) JAN 1938
11. Total time (years) spent in this occupation 35

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

FATHER
13. NAME Jacob Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Maltitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Katherine Steinkrueger
(ADDRESS) 3200 Ashby Rd Overland Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Monicas Cemetery DATE JAN 10 1939
19. FUNERAL DIRECTOR Ortmann Funeral Home
(ADDRESS) 9222 Lackland Overland Mo
20. FILED JAN -9 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 7 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 31st 1938, to Jan. 7th 1939
I last saw her alive on Jan. 06th 1939. Death is said to have occurred on the date stated above, at 11 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1-6-39
94 Yr.	
Other contributory causes of importance:	
Arterio Sclerosis	8.31.38

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) H. G. Coleman, M. D.
(Address) Pattonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

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.....Al C Ortmann

Licensed Embalmer No. 3478

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.)