

DEC'D AUG 11 1939  
Registration District No. **791**  
**1003**

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3721 Hebert St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 78 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Maggie Steainbank

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife Edward Steainbank 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 3rd. 1860  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name John Cooney

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Steainbank

(b) Address 3721 Hebert St.

17. (a) Burial (b) Date thereof 7-8-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Prosser M. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 7 1939 (b) J. B. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3721 Hebert St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th.  
year 1939 hour 1.00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6-1-, 1939, to 7-5-, 1939;  
that I last saw him alive on 6-10-, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Vegeta Heart trouble  
Due to (mitral)  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

28. Signature Chas E. Usaru (M. D. or other) \_\_\_\_\_  
Address 3519 Hebert Date signed 7-6-39

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.

MOTHER, FATHER

Oliver O'Bar  
3519 Albert st

10-12  
2-4

In 2470

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 Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robert L. Dukeman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.