

19 1939

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

26898
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 241 Registered No. 1303
 (c) City Jefferson Barracks (d) Street No. Veterans Hospital St. Unkn. (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 Harry J. Steinmesch

(a) Residence, No. 4263 Maryland Avenue, Saint Louis 8. Missouri. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Anna L. Steinmesch (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1877

7. AGE YEARS 61 MONTHS 8 DAYS 6 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Saint Louis, Missouri.

FATHER 13. NAME Henry Steinmesch
 14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri

MOTHER 15. MAIDEN NAME Abelaide Caldwell
 16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri

17. INFORMANT Clara Schellig (ADDRESS) V.A.F., Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE July 20, 1939

19. FUNERAL DIRECTOR (NAME) Carl Linderting Co. (ADDRESS) 4468 Washington St.

20. FILED JUL 19 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939 to July 18, 1939

I last saw him alive on July 18, 1939. Death is said to have occurred on the date stated above, at 6:10 A.M.

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

Nephritis, chronic (arteriosclerotic), with an acute exacerbation. Date of onset Unkn.

Other contributory causes of importance: 131
Dermatitis, extensive, generalized, acute severe; cause undetermined. Unkn.
Arteriosclerosis, general. Unkn.
Bronchiectasis, chr. Unkn.

Sign of organic heart and lab. Date of Unkn.
 What test confirmed diagnosis? Unkn. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Unkn. Date of injury Unkn.
 Where did injury occur? Unkn. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Unkn.
 Nature of injury Unkn.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify: Unkn.
 (Signed) C. W. HUGHES, Chief Med. Officer, D.
 (Address) V.A.F. Jefferson Barracks, Mo.

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.

NOV 4 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.