

Registration District No. 1003
City of Registration District No. St. Louis, Mo.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 1403 1/2 N. 21st St.
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Mo. [21]
(d) Street No. 1403 1/2 N. 21st St.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Steinhilber Allen
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 26 year 1939 hour 11:30 minute 0 M.
21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 26 1939 (Month) (Day) (Year)

Duration
Immediate cause of death
Due to
Due to
Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

Physician
Underline the cause to which death should be charged statistically.

10. Usual occupation
11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Anna Allen
15. Birthplace Miss
16. (a) Informant's own signature Anna Allen
(b) Address 1403 1/2 N. 21st St.

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?
While at work? (Specify type of place) (e) Means of injury

17. (a) (b) Date thereof 8-31-39 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept.
19. (a) AUG 30 1939 (Date received) (b) J. B. Bickel (Registrar's signature)

23. Signature Pitt Steyerfeld (M.D. or other)
Address 27th & Franklin Date signed 8-28-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.