

38020

State File No. 9859

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 791 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH: 1000
(a) County 1
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Jewish Hos'p
(d) Length of stay: In hospital or institution 3 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: NR
(a) State Mo. (b) County St. Louis
(c) City or town Clayton
(d) Street No. 44 Broadview
(e) If foreign born, how long in U. S. A. ? years

3. (a) PRINT FULL NAME James Meyer Steiner 356
8. (b) If veteran, name war 8. (c) Social Security No.
4. Sex male 5. Color or race white
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 5, 1939
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 19th year 1939 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from Nov. 17th 1939 to Nov. 19th 1939
that I last saw him alive on Nov. 19th 1939 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 8 14 hr. min.

Immediate cause of death Acute Laryngitis
Capillary Bronchitis
Due to Infection - Streptococcus
non-diphtheriae Laryngitis.
Due to

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

Other conditions (Include pregnancy within 3 months of death) 1076
Major findings: Of operations
Of autopsy Collapse of both lungs

10. Usual occupation
11. Industry or business

MOTHER, FATHER
12. Name Jerome Steiner
13. Birthplace St. Louis Mo.
14. Maiden name Marjorie Meyer
15. Birthplace Chicago, Ill.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant's own signature James Steiner
(b) Address 44 Broadview, Clayton Mo.

23. Signature Paul J. Jentay (M. D. or other)
Address 634 N. Grand Date signed 11-19-39

17. (a) Cremation (b) Date thereof 11/20/39
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director
(b) Address 4356 Lindell Blvd

19. (a) NOV 20 1939 (b) J. J. Brudick

(Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING

50M-5-17-39 Rev. 5-17-39

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 Guy W. Wilkinson
Licensed Embalmer No. 3575
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.