

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

38052

Registration District No.

701

Primary Registration District No.

Registrar's No.

9891

1. PLACE OF DEATH:

(a) County St. Louis 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4623 Shenandoah Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 48 yrs (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Lona Steiner 356

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced M

6. (b) Names of husband or wife Oscar 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept. 5, 1882  
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Ulman, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

12. Name ? Parsons 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Barry

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Steiner

(b) Address 4623 Shenandoah Ave

17. (a) Removal (b) Date thereof 11/21/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Missouri

18. (a) Signature of funeral director Dr. H. McKaughlin

(b) Address 2301 Lafayette Ave

19. (a) NOV 20 1939 (b) J. B. Frank  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4623 Shenandoah Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1939 hour 10 minutes A. M.

21. I hereby certify that I attended the deceased from about  
May, 1937, to Nov 20, 1939;  
that I last saw her alive on Nov 20, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma -  
of Bronchus & Liver -  
Primary site, Liver Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Ho

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operation Carcinoma of Bronchus & Liver  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

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

(a) Accidental, 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 \_\_\_\_\_

23. Signature C. J. Puckett (M. D. or other) \_\_\_\_\_  
Address 3529 Franklin Date signed 11/20/39

MAR 10 1963

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**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

*L. R. Cooper*

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette St

**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.**