

JAN 12 1940 791

Registration District No.

Primary Registration District No.

Registrar's No.

10738

1. PLACE OF DEATH:

(a) County 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:
2025 East John Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community... Unknown (Specify whether
 year, months or days)

3. (a) PRINT FULL NAME Grace D. Steinmeyer 3563. (b) If veteran, name war None 3. (c) Social Security No. 489-01-7304. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive ----- years7. Birth date of deceased July 10, 1910
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
29 5 4 hr. min.9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Stenographer11. Industry or business Eternit Shingle Co.12. Name Harry Steinmeyer13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)14. Maiden name Frances Mohan15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Frances Geary(b) Address 2025 East John Ave17. (a) Burial (b) Date thereof 12-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cemetery18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) DEC 16 1939 (b) J. B. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 9
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2025 East John Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
year 1939 hour 10:45 AM minutes _____ M.21. I hereby certify that I attended the deceased from 12-9-39
to 12-14, 1939
that I last saw h ET alive on 12-13, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration Due to Lober Pneumonia 8th

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

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) 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 123. Signature W. W. Elwan (M. D. or other) MSAddress 4356 Marne Date signed 12/19/39

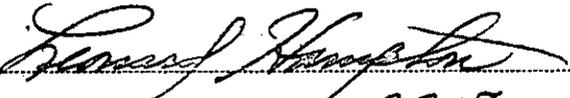
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

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.