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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JUN 15 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16802
Registrar's No. 4230

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4443 N. Newstead
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME August Steinmann 355

8. (b) If veteran, name war no 3. (c) Social Security No. 489-09-466

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divoreed

6. (b) Name of husband or wife Carrie Vollmer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 3, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation Gardener

11. Industry or business _____

12. Name Henry Steinmann

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

14. Maiden name Helena Ennabrink

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

16. (a) Informant Emma Koller
(b) Address 4654a Pope Ave.

17. (a) Burial (b) Date thereof May 15 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Prumachury Haller
(b) Address 4746 W. Florissant Ave.

19. (a) MAY 14 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4443 N. Newstead
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1940 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Throat:

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Joseph M. Steinmann (M. D. or other)

Address Deputy Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

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 Ray 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.