

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: 4450 North Taylor 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 Birth  
years, months or days

3. (a) PRINT FULL NAME William Steinmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 17, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 1 4 hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Steinmann

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

14. Maiden name Helena Ennebrock

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

16. (a) Informant Mrs Dora Steinmann

(b) Address 4236a Holly Ave

17. (a) Burial (b) Date thereof 1/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermen & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 23 1941 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 917  
(If outside city or town limits, write "RURAL")

(d) Street No. 4450 North Taylor Ave 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st  
year 1941 hour 10:30 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from December  
1941 Jan. 21, 1941  
that I last saw him alive on Jan 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Diabetes mellitus 6 yrs.

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. R. Newman (M. D. or other) MD  
Address 5330 Geraldine Date signed 1/23/41

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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

*Edward Hampton*

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, fact should be so stated above.**