

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

FILED AUG 28 1941

Registration District No. **791**

Primary Registration District No. **1003**

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:
3302 Salena
(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

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. 3302 Salena
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME George P. Steitz
3. (b) If veteran, name war World war
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4
year 1941 hour 9:00 minute 1 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.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 19 1887
(Month) (Day) (Year)

Immediate cause of death _____
Duration _____

8. AGE: Years 54 Months 1 Days 15
If less than one day _____ hr. _____ min.

Due to Coronary Occlusion
Due to Coronary Sclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation unemployed

MOTHER FATHER {
12. Name Martin Steitz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Coibion
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Cogan
(b) Address 3302 Salena
17. (a) burial (b) Date thereof 7-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan ave
19. (a) JUL 5 1941 (b) J. J. Breda
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Thomas F. Callahan (M.D. or other) 3
Address Deputy Coroner Date signed 7/5/41

JUL 25 1944

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.....

Charles E. Funder

Licensed Embalmer No. *1148*

P. O. Address *N. Louisiana*

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, fact should be so stated above.