

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5055 Thrush Ave.
(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. 5055 Thrush Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9th
year 1941 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from Oct 1
1937 to Nov 9 1941
that I last saw him alive on Nov 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Duration 6 day
Pulmonary edema 8 day
Chronic Hypertension 2 yrs
Chronic Arthritis 5 yrs
Other conditions (Include pregnancy within 3 months of death)
no other

Duration
6 day
8 day
2 yrs
5 yrs

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

Major findings:
Of operations no
Of autopsy no

3. (a) PRINT FULL NAME John H. Steinmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-01-2699

4. Sex M D 5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Frieda Steinmann
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 24 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 15 hr. min.

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

10. Usual occupation Maintenance

11. Industry or business Floriss Realty Co.

MOTHER FATHER
12. Name Henry Steinmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Kella
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Steinmann
(b) Address 5055 Thrush

17. (a) Burial (b) Date thereof Nov. 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) NOV 10 1941 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence no
(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? X (Specify type of place) Means of injury X
23. Signature Wm T. Huschick M.D. (M.D. or other)
Address 3500 N. Grand Date signed _____

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

Dr. Lee Hiroshi
Grant - Hebert
1-2

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. 3737
P. O. Address 1936 St. Louis Ave

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.