

S. No. 2  
-1-4-41  
5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40047

State File No.

Registrar's No.

9759

FILED JAN 24 1942 7911  
Registration District No.

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:  
1916 Lami St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
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. 1916 Lami St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH STEINKE  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 9  
year 1941 hour minute M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph A. Steinke  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased About 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1941 to Dec 9, 1941;  
that I last saw her alive on Dec. 6, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
About 75 Unknown hr. min.

Immediate cause of death  
Acute upper resp. infection 1 wk. resulting in a secondary diabetic coma.  
Due to

9. Birthplace Illinois / (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations W  
Of autopsy W  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Steinke  
(b) Address 1916 Lami St.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11-41  
(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 Calvary Cemetery, St. Louis  
18. (a) Signature of funeral director J. F. Wredeck  
(b) Address 1926 Allan Ave.  
19. (a) DEC 9 1941 (b) J. F. Wredeck  
(Date received local registration) (Registrar's signature)

(Specify type of place) (e) Means of injury  
While at work? Diabetic coma  
23. Signature J. F. Wredeck (M.D. or other)  
Address 3115 S. Grand Date signed 12-9-41

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. *4149*

P. O. Address *1926 Allen*

**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.**