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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

893

State File No. 122

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1

1. PLACE OF DEATH:

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

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution:  
St. Louis City Hospital #1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether \_\_\_\_\_)

In this community 7 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4700 Beacon Ave (If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Steinhardt

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, year 1942 hour 12:15 minute P. M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 8, 1872 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1, 1942 to January 5, 1942

that I last saw her alive on January 5, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 11 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Severe malnutrition & pellagra & periph. neuritis?

Due to Bilateral pyelitis & cystitis?

Gen. arteriosclerosis with

Due to Terminal pneumonia 2 days

Bronchial

Other conditions Cataracts, hyperreflexia, arthritis and anemia

(Include pregnancy within 3 months of death)

9. Birthplace Pike Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy Same 69

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Pete F. Hangan

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

14. Maiden name Eloise E. Hangan

15. Birthplace Pike Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Hangan

(b) Address 4700 Beacon Ave

17. (a) Burial (b) Date thereof 1/6/42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

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 \_\_\_\_\_ Means of injury \_\_\_\_\_

18. (a) Signature of funeral director E. Carl White

(b) Address 4700 Beacon Ave

19. (a) JAN 6 1942 (b) J. F. Bredenk (Date received local registrar) (Registrar's signature)

23. Signature J. D. Wade (M. D. or other) 1/5/42

Address 1515 Lafayette Avenue Date signed \_\_\_\_\_

(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..... *Arnold W. Schoene*  
Licensed Embalmer No. *3864*  
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.**