

FILED MAR 24 1943

Registration District No. _____

Primary Registration District No. 1003

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

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: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks. & 2 days
In this community 2 Months & 8 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Pearl Steger

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Tobias Steger
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 21, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 13 hr. min.

9. Birthplace Lynchburg Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Andrews
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Laura Old
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. W. Sieving
(b) Address 4050 Arsenal Street

17. (a) Burial (b) Date thereof 3/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cem. Louisville, Ky.

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC
(b) Address 1936 St. Louis Avenue

19. (a) MAR 6 1943 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

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. 4050 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 29, 1942 to March 6, 1942
that I last saw her alive on March 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Obstruction
Ch. Hypertension
Duration 1 week

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Common duct obstruction
Of operations due to adhesions
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Medeck (M. D. or other) 3/4/42
Address 5417 So. Grand Blvd. Date signed _____

Dr. Emmet Reed
5417 So. Grand
Lo 5511

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 Delix J. Krupar
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.