S. No. 2
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I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26219

State File No. 7095

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL")
(c) Name of hospital or institution: LINDELL THEATRE - ~~GRANDTHEATER~~ (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NIL (Specify whether years, months or days)
In this community 34

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2121 A SALISBURY ST (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SYLVESTER STEINER

3. (b) If veteran, name war NIL

3. (c) Social Security No.

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 JUNE (Month) 28 (Day) 1908 (Year)

8. AGE: Years 34 Months 1 Days 24 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation MACHINEIST

11. Industry or business RANDOLPH SHOE + DIE CO

FATHER
12. Name ADOLPH STEINER
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE BOEDING
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant CATHERINE STEINER
(b) Address 2121 A SALISBURY ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 26-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Buedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) AUG 24 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 22 year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Aug. 22 1942 to Aug 22 1942 that I last saw him alive on Aug 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	not known

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. E. Tyler (M. D. or other) MD
Address 4222 N. Grand Date signed 8-24-42

844

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boelter

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.