

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1767

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester Mo. rural
(c) Name of hospital or institution: Manchester Nursing Home 4
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Kirkwood
(d) Street No. #15 Ponca Ave.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul W. Steffen
(b) If veteran, name was None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 20th
year 1942 hour 11:45 minute P.M. M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Steffen
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Oct. 29th 1867

21. I hereby certify that I attended the deceased from 7/12 1942 to 8/20 1942
that I last saw him alive on 8/20 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death: Sudden apoplexy 12-24 hrs
Hypertensive cardiac 5 years of illne.
Vascular disease

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

Other conditions: Cerebral apoplexy 2 mo.
(Include pregnancy within 3 months of death)

10. Usual occupation Property Owner retired

11. Industry or business _____

PHYSICIAN
Major findings: Of operations: _____
Of autopsy: _____

MOTHER FATHER {
12. Name Ferdinand Steffen
13. Birthplace Germany 4
14. Maiden name Caroline Ludwig
15. Birthplace Germany 4

16. (a) Informant Paul B. Steffen
(b) Address #15 Ponca Ave.

17. (a) Burial (b) Date thereof 8-24-42
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 22 1942 (b) C. S. Mc Larn (c) _____
(Date received local health officer) (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 _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature _____ (M. D. or other) _____
Address Kirkwood, Mo. Date signed 8/22/42

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

96000

508 N. Milwaukee St
Milwaukee WI 53136
9-10 AM
7-8 PM

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..... *Edwin J. Mc Dermott*

Licensed Embalmer No..... *3024*

P. O. Address.....

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.