

FILED OCT 1 1942 318

1003
Primary Registration District No.

7764
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-wk.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DDO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1810 Lawrence Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Steitz

3. (b) If veteran, name war None
3. (c) Social Security No. 491-14-6440

4. Sex M.D. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Mary Steitz 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct. 4th., 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business

MOTHER FATHER { 12. Name Reinard Steitz
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)

16. (a) Informant Miss Mary Ellen Steitz

(b) Address 1810 Lawrence Ave.

17. (a) Burial (b) Date thereof 9-19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Nouvelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 18 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th.,
year 1942 hour 10 minute 50 p. M.

21. I hereby certify that I attended the deceased from Sept 9
1942 to Sept 16, 1942
that I last saw him alive on Sept 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy - left - with brain softening. Probably due to thrombosis of int. carotids.
Duration

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none performed
Of operations NO
Of autopsy Old & fresh cerebral softening & latter due to thrombosis.

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) NO
(b) Date of occurrence None
(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 Alfred J. J. J. J. (M. D. or other) MD
Address 634 N. Grand Date signed 9-17-42

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.