

FILED JAN 5 1942 18

State File No. 10791
Registrar's No.

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Christian Hospital
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town St. Louis
(d) Street No. Luth. Altenheim - 8721 Halleferry Rd.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MINNIE Steinmeyer
(b) If veteran, name war No
(c) Social Security No

20. DATE OF DEATH: Month Dec day 24
year 1942 hour 2:10 minute P.M.
21. I hereby certify that I attended the deceased from Dec 21 1942 to Dec 24 1942
that I last saw her alive on Dec 24 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased JAN 19 1869

Immediate cause of death
Chc. Endocarditis

8. AGE: Years 73 Months 11 Days 5

Due to
Due to Pulmoles Pneumonia 1 day
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace St. Louis MO
10. Usual occupation UNEMPLOYED

Major findings: Of operations Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business
12. Name William Steinmeyer
13. Birthplace Germany
14. Maiden name Katherine Horst
15. Birthplace Germany

16. (a) Informant Miss Spencer
(b) Address Luth. Altenheim 8721 Halleferry Rd.
17. (a) Burial (b) Date thereof Dec 26 1942
(c) Place: burial or cremation Concordia Cem.

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?

18. (a) Signature of funeral director
(b) Address 1936 H. Louis Ave.
19. (a) DEC 26 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Bredbeck
Address 504 Union Blvd Date signed 2-22

*Rev. J. S. Roland
Nov. 15/15*

Rev.

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..... *[Signature]*
Licensed Embalmer No. *3737*
P. O. Address..... *1936 M. Louis Ave*

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.