V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 789

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 679

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: Jewish Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 5 9 (If outside city or town limits, write "RURAL")

(d) Street No. 5756 Kingsbury (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Eva G. Steiner

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julius Steiner 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. (Month) 18 (Day) 1874 (Year)

8. AGE: Years 68 | Months 1 | Days 3 | If less than one day ..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Charles Gregor
13. Birthplace ..... (City, town, or county) Bohemia 8 (State or foreign country)

MOTHER
14. Maiden name Caroline Rosenberg
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

Long dig. Hospital

16. (a) Informant Julius Steiner

(b) Address 5756 Kingsbury Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) JAN 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1943 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov 9, 1934, to 1/21, 1943 that I last saw her alive on 1/21/43, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive-C-V. Disease. — Duration years

Due to Hypertension.

Due to .....

Other conditions Diabetes Mellitus. (Include pregnancy within 3 months of death)

Major findings: Of operations — 61

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 Arthur E. Strauss (M. D. or other)

Address 539 N. Grand Date signed 1/29/43

(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.....Chas. W. Cooper

Licensed Embalmer No.....38301

P. O. Address.....5 n 16 Delman

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.
Local Registrar's No. 679

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of February, 1943, before me appears Mr. Herman Rindskopf, who, upon his oath, states that the original record of ~~birth~~ death for Eva Steiner, died ~~born~~ Jan. 21st, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on Jan. 23, 1943 should be corrected as follows:

Item No. 3 should read Eva G. Steiner
Instead of Eva Steiner
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Herman Rindskopf
Relationship.

5216 Delmar
Present Address.

Subscribed and sworn to before me this 3 day of Feb, 1943

My Commission expires My Commission Expires March 4, 19[illegible]

Eva C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

789