

FILED FEB 1943  
318

Registration District No.

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
BARNES 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)

3. (a) PRINT FULL NAME Francis Joseph Steinmarch

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

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

6. (b) Name of husband or wife Elaine 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct 14 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

35 3 5 .....hr. ....min.

9. Birthplace Bradley Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation upholster

11. Industry or business.....

MOTHER FATHER

12. Name Walter Steinmarch

13. Birthplace Poland  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Chaplinski

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Bernard Steinmarch

(b) Address Harrisberg Ill

17. (a) Removal (b) Date thereof 1 22 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisberg Ill

18. (a) Signature of funeral director Furner Funeral Home

(b) Address Harrisberg Ill

19. (a) JAN 21 1943 (b) J. T. Pressek  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILL (b) County 11

(c) City or town HARRISBERG  
(If outside city or town limits, write "RURAL") HR.

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

(e) Citizen of foreign country?..... (Yes or No) 2  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1943 hour 7 minute 03 A.M.

21. I hereby certify that I attended the deceased from Jan 11 1943 to Jan 19 1943  
that I last saw him alive on Jan 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Malignant Hypertension  
Uremia

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy as above

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?  
.....

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

23. Signature F. R. Bradley (M. D. or other)  
Address BARNES HOSPITAL Date signed 1/19/43

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**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

*John Ketter*  
Licensed Embalmer No. 3880

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.**