

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4873
Registrar's No. 1682

Registration District No. 818

Primary Registration District No.

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

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
(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 Pauline Steep

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

4. Sex Female / race White / 5. Color or race.....
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto E Steep 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 5th, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 14 hr. min.

9. Birthplace Boston Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown Cohen
13. Birthplace U. S. A.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Otto E. Steep
(b) Address 6226 Nottingham Ave

17. (a) Removal (b) Date thereof 2/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Park Illinois

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) FEB 20 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6226 Nottingham Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19th
year 1943 hour 9:40 minute..... A. M.

21. I hereby certify that I attended the deceased from 11/1/42 19..... to 2/19/43 19.....
that I last saw h. or alive on 2/19 1943:
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive C.R.V. Disease 1 1/2 yrs
Hypertension

Due to..... Hypertension

Due to..... 1 1/2

Other conditions Hemiplegia, etc. S with
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
Underline the cause to which death should be charged statistically.
PHYSICIAN

22. If death was due to external causes, fill in the following:

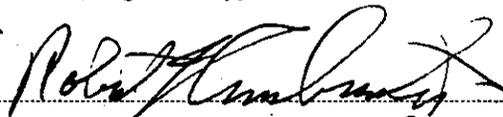
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature Arthur E. Steep (M. D. or other)
Address 601 Humboldt Bldg. Date signed 2/19/43

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.....



Licensed Embalmer No. 1994

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.