V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1943 318

State File No. 16635

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 4741

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: City Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether In this community 81 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17

(c) City or town ST. LOUIS 926 (If outside city or town limits, write "RURAL")

(d) Street No. 1914a SALISBURY (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ALICE STEINER

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN F. STEINER

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased JAN (Month) 16 (Day) 1862 (Year)

8. AGE: Years 81 Months 4 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business SELF

FATHER
12. Name UNKNOWN ROSENBAUM
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOUWN (City, town, or county) UNKOWN (State or foreign country)

16. (a) Informant John F. Steiner

(b) Address 1914a Salisbury St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 24 43 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ FRIEDENS CEM.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20 St. St. Louis Mo.

19. (a) MAY 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21 year 1943 hour 10:20 PM minute ____ M.

21. I hereby certify that I attended the deceased from 4-30-43, 19__ to 5-21-43, 19__; that I last saw her alive on MAY 21, 1943, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with auricular fibrillation

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) Abscess of Spleen. Senile psychosis

Major findings: Of operations Cause of abscess not known

Of autopsy Above confirmed

Duration

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 Homer Sweetman MD (M.D. or other)

Address 1515 Lafayette Date signed 5-22-43

(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.....Alfred F. Boedeker

Licensed Embalmer No.....2663

P. O. Address.....5934 Alpha

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.