

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16638**
4383
Registrar's No. _____

FILED
MAY 19 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Missouri Baptist 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

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. **2100 East Fair Ave.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Adolph L. Steimel**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **8th**, year **1943** hour **5.20** minute **A.** M.

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jennie Steimel** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **Dec. 14th, 1892** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **MAY 7**, 19**43** to **MAY 8**, 19**43** and that death occurred on the date and hour stated above.

8. AGE: Years **50** Months **4** Days **24** If less than one day _____ hr. _____ min.

Immediate cause of death **CORONARY THROMBOSIS** Duration **1 DAY**

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Firemen**
11. Industry or business **St. Louis City Fire Dept.**

Major findings: Of operations _____
Of autopsy **CORONARY THROMBOSIS**

MOTHER FATHER {
12. Name **Bernard Steimel**
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Mamie Bermercamp**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Jennie Steimel**
(b) Address **2100 East Fair Ave.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-11-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Lake Charles Cemetary**
18. (a) Signature of funeral director **Provost Und. Co.**
(b) Address **3710 N. Grand Blvd.**
19. (a) **MAY 11 1943** (Date received local registrar) (b) **J. P. Rudek** (Registrar's signature)

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 **Amelia O. White** (M. D. or other) **M. D.**
Address **1174 HEDIAMONT** Date signed **5-10-43**

P-001
O O White
1194 Monument
1-3

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Smithers
Licensed Embalmer No. 3916
P. O. Address 3710 N. Grand Bl

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.