

ED AUG 7 1943

Registration District No. 318

Primary Registration District No. 1009

Registrar's No.

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:  
2239 A McNair Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community Life. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME MARGARET E. 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 Widow

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

7. Birth date of deceased May 20. 1867  
(Month) (Day) (Year)

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

76 2 7 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business At Home.

FATHER  
MOTHER

12. Name Michael McEvoy

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

14. Maiden name Mary Farrell

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

16. (a) Informant Robert J Steiner

(b) Address 2239 A Mc Nair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30th. 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thordutis & Son

(b) Address 2906 Gravois Ave

19. (a) JUL 29 1943 (Data received local registrar) (b) J. J. Prudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

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

(d) Street No. 2239 A Mc Nair Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1943 hour 8 40 A.M. M.

21. I hereby certify that I attended the deceased from 6 - 24 1943 to 7 - 27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: 2 cerebral aneurysm (Hemorrhagic) Duration 2 days

Due to Hypertension 5 yrs

Due to myelitis lethargica in 1938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy..... 37

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?

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

23. Signature Eugene H. Edle (M. D. or other) M.D  
Address 3019 So. Jefferson Date signed 7-29-43

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

Dr. Eagan Edell  
3019 E. Johnson

**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 *David Tan Fossaw.*

Licensed Embalmer No. *4242.*

P. O. Address *2906 Beavinda*

**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.**