. S. No. 2
00M—2-43
5-17-39
1 X35

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

28562

State File No.

Registration District No. 424 158 Primary Registration District No. 5579 5590 Registrar's No. 163

**1. PLACE OF DEATH:**

(a) County Jefferson

(b) City or town Rural Big River (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Approx 2½ Mile S.E. of Cedar Hill (If not in hospital or institution, write street number or location) Ridge Rd.

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

In this community 1 Day (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 96

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

(d) Street No. BELLFONTAINE + CHAMBERS ROAD (If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** ELSA CAROLINE STEINMANN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased FEB (Month) 16 (Day) 1904 (Year)

8. AGE: Years 39 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business Own Home

FATHER
12. Name AUGUST STEINMANN
13. Birthplace BREMEN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUISE DOEDING
15. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)

16. (a) Informant ERNST H. STEINMANN

(b) Address 6139 North Pointe Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Math Hermann + Son

(b) Address 2161 E. Fair

19. (a) Aug. 15-43 (Date received local registrar) (b) Alf. Eaton (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 8 year 1943 hour 10 minute 45A M.

21. I hereby certify that I attended the deceased from Coroner Inquest, 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Cremation following contact with electrical

Due to high line electrocution

Due to accidental

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

170 C 28

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug. 8, 1943

(c) Where did injury occur? Cedar Hill Jefferson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on County road (Specify type of place)

While at work? NO (e) Means of injury electrocution

23. Signature Walter E. Gilbert Jr. (M. D. or other)

Address Desoto, Mo. Date signed 8/8/43

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1949

SEP 9 1949

## 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

Not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.**