

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4734 Plover Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 19 years
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. 4734 Plover Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John C. Steffen

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 16 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 26 _____ hr. _____ min.

9. Birthplace Holstein Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business None

12. Name John Steffen

13. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Maria Vogelsang

15. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Steffen

(b) Address 4734 Plover Ave.

17. (a) Burial (b) Date thereof 9/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holstein Missouri

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

(b) Address 3934 N. 20th St.

19. (a) SEP 14 1943 (b) J. F. Fredrich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 22, 1943
to Sept. 12, 1943
that I last saw him alive on Sept. 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2-21-43-

Due to Chronic Nephritis

Due to 12/1

Other conditions 12/1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 J. C. Olson (M. D. or other) No.
Address 4981 e. Johnson Date signed 9-13-43

D. M. Leonard
4981 a Thruick

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 J. Brediker
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.