

ED OCT 2 - 1943 18

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 weeks
In this community Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Albert C Steinhoff

8. (b) If veteran, name war No 8. (c) Social Security No. 489-09-1096

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Steinhoff 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 2 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Ass't Gen Foreman

11. Industry or business Curtis-Wright

12. Name Charles Steinhoff

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Minnie Steinhoff

(b) Address 4936 A Potomac, St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 6464 Chippewa, St. Louis, Mo

19. (a) SEP 25 1943 (b) _____
(Date received local registrar) (Registrar's signature)

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. 4936 "A" Potomac
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 1943 hour 11 minute 22 M.

21. I hereby certify that I attended the deceased from 9/12, 1943, to 9/23, 1943, that I last saw him alive on 9/23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia due to yeast in father's
Duration 2 weeks

Due to Tension of lt. testicle & metastases to abdomen, liver, spleen, kidneys, lungs, & both lungs, pleural cavity, & Brain.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy same as above.

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

(a) Accident, suicide, or homicide (specify) no
(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 Wm J. Howe M.D. (M. D. or other)
Address 3504 Wilking Ave. St. Louis Date signed 9/24/43

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

Revised 1-1-1938

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

14/12

Duration 2 weeks

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

Dr. Wotawa

3806 Wilman, *ton*

Nov. 7 22 44

2-4. 43

7-8 30

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.....

Lucius C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lucius C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7414 S. Broadw*.....

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, above space should be left blank.