

No. 2
4-2-2
7-1-1
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30430

FILED SEP 21 1943

State File No. _____
Registration District No. **318** Primary Registration District No. **1003**
Registrar's No. **8170**

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:
5658a Hebert St.
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5658a Hebert St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophia Steinmetz

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 Married

6. (b) Name of husband or wife Fred Steinmetz 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 10th 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Michael Probst

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

14. Maiden name Anna C. Stever

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

16. (a) Informant Fred Steinmetz

(b) Address 5658a Hebert St.

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

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuari
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 14 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th
year 1943 hour 11:55 minute _____ P.M. M.

21. I hereby certify that I attended the deceased from 7-19 1943 to 9-1 1943
that I last saw h.e.r. alive on 9-1- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal vascular disease

Due to Chronic nephritis

Due to Secondary anemia

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

Major findings: 131
Of operations _____

Of autopsy _____

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. B. Olson (M. D. or other) DO.
Address 4981 1/2 THRUSH Date signed 9-13-43

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

Mr. [Signature]
#981 [Signature] 2-7
No: 8080

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 *Richard W. Stausand*

Licensed Embalmer No. *7007*

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.