

FILED JAN 20 1944
Registration District No. **1518**

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:
2239a 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 **?** _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Caroline Steinbruegge**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Charles Steinbruegge**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 28, 1876**
(Month) **20** (Day) (Year)

8. AGE: Years **67** Months **9** Days **13**
If less than one day _____ hr. _____ min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER

12. Name **Henry Wiese**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Minnie Peters**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mildred Roberts**
(b) Address **2239a Hebert St.**

17. (a) **Burial** (b) Date thereof **Jan. 6, 1944.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **CALVIN F. FEUTZ FUNERAL HOME**
(b) Address **4828 Natural Bridge Blvd.**

19. (a) **JAN 5 1944** (b) **J. F. Bruleck**
(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. **2239a Hebert St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3rd**
year **1944** hour **9** minute **P.** M.
21. I hereby certify that I attended the deceased from **Dec. 28**, 19**43** to **Jan. 3**, 19**44**
that I last saw her alive on **Jan. 1**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus**
Nephritis **Embolic**
Obtund Sclerosis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **UI**

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)
(b) Means of injury **⑤**

23. Signature **J. P. ...** (M.D. or other) _____
Address **2345 Hebert St.** Date signed **1/4/44**

2348
MAY 3 30 PM

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 John Wilmer

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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.