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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20313

Registration District FILED JUL 15 1944 Primary Registration District No. 1003 Registrar's No. 5991

**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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 0 (Specify whether
In this community 15 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. 5566 Cates Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

000
5 7
9

3. (a) PRINT FULL NAME NINA A. STEINSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John A. Steinson

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

7. Birth date of deceased 8 (Month) 19 (Day) 1879 (Year)

8. AGE: Years 64 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Fountain City (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Albertson
13. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Chrislina Keith
15. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)

4

16. (a) Informant Mrs. John Steinson
(b) Address 5566 Cates Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Homewood, Illinois

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Boulevard

19. (a) JUL 5 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 3
year 1944 hour 11 minute 6 M.

21. I hereby certify that I attended the deceased from June 29, 1935 to July 3, 1944;
that I last saw her alive on July 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Arteriosclerosis
Chr Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
Sev. yr.
Sev. yr.

93

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. S. Brown (M. D. or other)
Address 3903 Olive St. Brown Date signed 7/5/44

(Licensed Embalmer's Statement on Reverse Side)

Wm. C Brown. } Hum.
3903 Olive. St. } 11 - 1. 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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**