

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town St. Louis, Mo. Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town St. Louis University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7250 Maryland Ave. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 0 Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Mar. 31, 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Dairyman

11. Industry or business _____

12. Name Henry Steinlage

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

14. Maiden name Catherin Boegeman

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

16. (a) Informant Mrs. John Steinlage

(b) Address 7250 Maryland Ave.

17. (a) Burial (b) Date thereof Aug. 8, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co?

(b) Address 4746 West Florissant

19. (a) AUG 9 1944 (b) E. G. McEvan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year _____ hour 4:40 minute 43:00 P.M.

21. I hereby certify that I attended the deceased from _____ 1944 to Aug. 5 1944
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia Duration 2 weeks

Due to Heart Operations 17 10 weeks

Due to Prostatectomy

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

Major findings: Septicemia Prostate Heart

Of operations _____ Of autopsy Yes St. Marys Hosp.

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 J. W. Maloney (M. D. or other) _____
Address 877 N. Grand Date signed 8-7-44

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

96
300

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

R. W. Wilkinson

Licensed Embalmer No. 2578

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, it should be so stated above.