

FILED SEP 9 1944

Registration District No. 317

Primary Registration District No. 2002

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town University City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7250 Maryland Ave. /
(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 Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7250 Maryland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Steinlage

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, widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 26, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Casper Oxmann

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

14. Maiden name Catherine Menke

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

16. (a) Informant Catherine Coleman

(b) Address 7250 Maryland Ave.

17. (a) Burial (b) Date thereof Sept. 5, 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 Ave.

19. (a) SEP 8 - 1944 (b) E. M. Goren
(Date of civil registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 2 hour 50 minute P M.

21. I hereby certify that I attended the deceased from Jan 5 1944 to Sept 1 1944
and that death occurred on the date and hour stated above.
that I last saw her alive on Aug 26 1944

Immediate cause of death Coronary Thrombosis Duration 3 days
Due to Arterio Sclerosis 2 years
Due to _____

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

Major findings: Of operations _____

Of autopsy no gpa
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) (e) Means of injury _____

23. Signature J. W. Macdonald (M. D. or other) _____

Address 539 N Grand Date signed 7-2-44

707 (Licensed Embalmer's Statement on Reverse Side)

FEB 18 1945

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.....

W. W. Wilkinson

Licensed Embalmer No.....

3575

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.