S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29821

Registrar's No. 7966

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:
2201 Ann 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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

(c) City or town St. Louis 23 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2201 Ann Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 11

3. (a) PRINT FULL NAME Lena Steible

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry Steible

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

7. Birth date of deceased Unknown (Month) About (Day) 1858 (Year)

8. AGE: Years About 86 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Reisch 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Glorinda Doerr 1
(b) Address 2201 Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Wm G Mondell
(b) Address 1926 Allen Ave.

19. (a) SEP 18 1944 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th year 1944 hour 9 minute 45 a.M.

21. I hereby certify that I attended the deceased from July 1st, 1941, to Sept 16, 1944; that I last saw her alive on Sept 16, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy (cerebral hemorrhage)	24 hrs
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

83

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

23. Signature C S Wright (M. D. or other)
Address 2785 Jefferson Date signed 9-16-44

(Licensed Embalmer's Statement on Reverse Side)

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 wk

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm E Moyell

Licensed Embalmer No. 1467

P. O. Address 1926 allen

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.