No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 806

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 436

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4268 Delor 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 Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO
(c) City or town 4268 Delor St., 17
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, Mo. 15
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Steffens

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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 19th 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Attendant
11. Industry or business School board

FATHER
12. Name Fredericks Steffens
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Anna Steffens
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edward Steffens
(b) Address 4268 Delor St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Chyd.
18. (a) Signature of funeral director John L. Ziegenheim & Sons
(b) Address 7027 Gravois Ave.,
19. (a) JAN 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th, year 1945 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Jan 8, 1945 to Jan 13, 1945 that I last saw her alive on Jan 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to: Coronary Embolism	1/2 hour
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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 Adam G. Youngman (M. D. or other) M D
Address 5439 Gravois Date signed 1/15/45

84X

(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.....

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

working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.