

#37996
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **811**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)
In this community _____
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 237
(d) Street No. 1115 Calhoun Street.
(If rural, give location) _____
(e) Citizen of foreign country? No. (Yes or No) (1)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA STEIMLE
~~Annex Steimle~~

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 Henry Steimle 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 8, 1867.
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Alton, Ills. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name James Kelley 4

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

14. Maiden name Mary Ready

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

16. (a) Informant Henry Steimle
(b) Address 1115 Calhoun Street

17. (a) Burial (b) Date thereof Jan. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Gebken-Benz
(b) Address 2842 Meramec Street.

19. (a) JAN 26 1945 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th
year 1945 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from Jan 20
1945 19, to 1/25/45, 19,;
that I last saw her alive on 1/25/45, 19,;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93
Generalized Arteriosclerosis

Major findings: _____
Of operations _____
Of autopsy None

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 0

23. Signature James J. Stout (M. D. or other) 1/25/45
Address 1515 Lafayette Date signed _____

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

MOTHER FATHER

944

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 E Morris

Licensed Embalmer No. 3360

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.