

No. 2
8-43
17-39
X37823

FILED JAN 31 1945 318

Registration District No.

Primary Registration District No.

1000

Registrar's No.

583

1. PLACE OF DEATH:

(a) County St. Louis Mo
(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:
Jewish Hosp
(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 Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4239 Russell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

Wife
17
179

3. (a) PRINT FULL NAME Emma Steinmeyer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Mar 11 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 7 hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

12. Name Conrad Hagmaier

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

14. Maiden name Caroline Coesar

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

16. (a) Informant George Steinmeyer

(b) Address 4239 Russell Ave

17. (a) Burial (b) Date thereof 1 20 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) J. F. Brudeck (b) _____
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1945 hour 7 minute 55A M.

21. I hereby certify that I attended the deceased from _____, 1939, to _____, 1945;
that I last saw her alive on Jan. 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulmonary edema
hypertensive heart dis
hypertension

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Ruxellyn Sak (M. D. certifier)

Address 4500 Olive St Date signed 1/18/45

Duration

3-4ds
6yrs +
6" +

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Edwin D Mc Dermott*

Licensed Embalmer No. *3024*

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.