

FILED AUG 3 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **6406**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8520 Gilmore Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Julia Steiner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Not mentioned
6. (c) Age of husband or wife if alive, ----- Years
7. Birth date of deceased August 22, 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23, year 1945 hour 5:20 AM minute M.
21. I hereby certify that I attended the deceased from June 29, 1945, to July 23, 1945
that I last saw her alive on July 23, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years Months Days If less than one day
86 11 1 hr. min.

9. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Mathias Nickles
13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Kukmer Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mr John Steiner
(b) Address 7315 W. Florissant Ave

17. (a) Burial (b) Date thereof 7/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 24 1945 (b) John Steiner
(Date received local registrar) (Registrar's signature)

Duration
Due to Over Ex.
overworked
Due to Sp. of age
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1/2
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 John Steiner (M. D. or other)
Address 49 E. Main Date signed.....

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

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

William G. Burkholz

Licensed Embalmer No

2118 J

P. O. Address

St. Louis Mo

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.