

V. S. No. 2  
50M-5-42  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** OCT 20 1945  
318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32412  
State File No. 9028  
Registrar's No.

Registration District No. Primary Registration District No. 1003

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:  
Missouri Baptist Hospital  
(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)

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. 4001 Washington  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) C  
If yes, name country.....

3. (a) PRINT FULL NAME Minnie L. Steinbrecher  
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 Otto C. Steinbrecher 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased February 2, 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 17  
year 1945 hour 11.00 A.M. minute..... M.  
21. I hereby certify that I attended the deceased from Oct 31, 1944 to Oct 17, 1945  
that I last saw her alive on Oct 17, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 8 15 hr. min.

Immediate cause of death Acute cardiac dilatation Duration 1 hour  
Due to Acute gastric indigestion 6 hours from overeating  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....  
Of autopsy.....

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

11. Industry or business.....  
12. Name Andrew Gross  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Finkeldey  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Otto C. Steinbrecher  
(b) Address 4001 Washington  
17. (a) Cremation (b) Date thereof 10/20/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory  
18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester  
19. (a) OCT 19 1945 J. J. Bredecks  
(Date received local registrar) (Registrar's signature)

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 J. J. Everoll (M. D. or other) M.D.  
Address 412 1/2 Washington Blvd Date signed 10/19/45

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..... *Florim Eynck* .....

Licensed Embalmer No..... *1284* .....

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.**