

No. 2
M-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10696**

FILED APR 76 1946
Registration District No. **277**

Primary Registration District No. **3064**

Registrar's No. **778**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
227 Catherine 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 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ^{9/10}
(c) City or town Ferguson
(If outside city or town limits, write "RURAL") ^{1/2}
(d) Street No. 227 Catherine
(If rural, give location) ²
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anton Steinbach

3. (b) If veteran, name war ----

3. (c) Social Security No. 489-07-2307

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Mester
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 13 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 17 If less than one day
hr. _____ min. _____

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

10. Usual occupation Watchman Universal Match Corporation

11. Industry or business _____

12. Name Joseph Steinbach

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

14. Maiden name Unknown

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

16. (a) Informant Anton Steinbach Jr.
(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 4/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri

19. (a) 4-4-46 (b) E. M. Lavranovic
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 3-21- 1946 to 3-30- 1946
that I last saw him alive on 3-30-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cranial pressure Duration 10 days

Due to _____
Due to str. meningitis 1938

Other conditions str. nephritis 1939
(Include pregnancy within 3 months of death)

Major findings: Of operations W 1318
Of autopsy W 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?
While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature Ray Johnson (M. D. or other) _____
Address _____ Date signed 4/1/46

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

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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..... *L. M. White*
Licensed Embalmer No. *3973*
P. O. Address *Ferguson, 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.)

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If body is not embalmed, fact should be so stated above.