

FILED AUG 29 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7159

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

27942

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:
Infirmiry Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/25/46 to 8/17/46
(Specify whether years, months or days)

In this community Life E

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6211 Reber Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM STEINGRUBEY

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1946 hour 6 minute 15 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1946 to August 17 19 46
that I last saw him alive on August 17 19 46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78 6 1 hr. _____ min.

Immediate cause of death Cerebral Thrombosis

Due to Generalized Arterio-sclerosis

Due to _____

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

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

10. Usual occupation Laborer

11. Industry or business Blackmer Post Pipe Co.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Henry

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

14. Maiden name Margaret

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

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal St.

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? _____

17. (a) Burial (b) Date thereof 8-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS, Peter & Paul

18. (a) Signature of funeral director Kuepferhaus

(b) Address 4228 S. Kingshighway

19. (a) AUG 19 1946 (b) J. F. Bradok
(Date) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature John E. Allen M.D. (M. D. or other)

Address 5600 Arsenal Date signed 8/18/46

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.