

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39149**
Registrar's No. **9480**

Registration District No. **318** Primary Registration District No. **1003**

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:
Stone Nursing Home #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days) 50 years

3. (a) PRINT FULL NAME George W. Steffan
3. (b) If veteran, name war no.
3. (c) Social Security No. 494-10-1100

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Don't know
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 22, 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 22
If less than one day .hr. min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Valley Shoe Co.

12. Name Hartman Steffan #4

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

14. Maiden name Christina Stephan

15. Birthplace Germany #4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis Steffan

(b) Address 4474 Lexington

17. (a) Burial (b) Date thereof Nov 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1618 S. Grand

19. (a) NOV 6 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. #379 St. Gene
4474 Lexington (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 11
year 1946 hour 7 PM minute M.
21. I hereby certify that I attended the deceased from 10-31-46 to 11-1-46
that I last saw him alive on 11-1-46
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lungs, 6 mos
Due to Diagnosis of Carcinoma
made at Danka Hospital
Due to Treated at Stone Nursing
Home where he died
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN
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) Means of injury
23. Signature H. V. Randonick (M. D. or other)
Address 4390 W. Pine St Date signed 11-7-46

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

MOTHER FATHER

0876

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 Joe A. Howard
Licensed Embalmer No. 4139
P. O. Address 4212 St Louis Ave

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.