

No. 2-45
7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3539121

State File No.

FILED NOV 25 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9605

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:
Stone Nursing Home, 4373 W. Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 61 years
years, months or days)

3. (a) PRINT FULL NAME Elisabeth Steinhauser

3. (b) If veteran, name war. --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wilhelm Steinhauser 6. (c) Age of husband or wife if alive years 26th 1867

7. Birth date of deceased October 26th 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Household

12. Name Michael Hatti

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

14. Maiden name Schelle

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

16. (a) Informant Mrs. Elmer Brooks
(b) Address 3918 So. Compton Ave.

17. (a) Burial (b) Date thereof Nov. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 12 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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. 4500 Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3 Nov. to 10 Nov. 1946
that I last saw he alive on 9 Nov. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Auto Cordial decomposition Duration 5 days

Due to hypertension 1 yr

Due to Generalized arteriosclerosis ket determined

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

Major findings: 95
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) (e) Means of injury 0

23. Signature W. H. Foraman (M. D. or other)
Address 9436 Gravois Date signed 10 Nov. 46

(Licensed Embalmer's Statement on Reverse Side) W. H. Foraman

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

MOTHER FATHER

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. *Neal Le Rouboon*

Licensed Embalmer No. *4114*

P. O. Address *1936 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.