

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
15 Ponca Trail
(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)

3. (a) PRINT FULL NAME Bertha Steffen

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Late Paul W. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 25 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>5</u>	hr. _____ min.

9. Birthplace St. Albans Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Bernhard Bick
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Henrietta Kierspe
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Steffen

(b) Address 15 Ponca Trail

17. (a) Burial (b) Date thereof 2 3 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Sunset Burial Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 2-27-47 (b) Paul Steffen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 15 Ponca Trail
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
 year 1947, hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1946 to _____, 1947;
 that I last saw he _____ alive on Jan 28, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to coronary sclerosis _____ year

Due to arterio-sclerosis _____ year

Other conditions _____

(Include pregnancy within 3 months of death)

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) (c) Means of injury _____

23. Signature: W.K. Roberts (M. D. or other) _____

Address: 3720 Washington Date signed 2-1-47

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

76
 4
 3

3720 Washington

8-1
1911

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 Edwin A. McNewatt

Licensed Embalmer No. 3024

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.