

FILED OCT 24 1947

Registrar's No. **9124**

Registration District No. _____

Primary Registration District No. **1003**

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

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: **2823 = NO. SPRING AVE**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**
(c) City or town **ST LOUIS** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **2823 = NO. SPRING AVE**
10 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ALFRED STEINERT**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MARIE** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JAN 14 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

10. Usual occupation **BAKER (RETIRED)**

11. Industry or business _____

12. Name **ALFRED STEINERT**

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

14. Maiden name **GERMANY**

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

16. (a) Informant **Mrs. Emma LeGuerrer**

(b) Address **6516 Myron Ave**

17. (a) **BURIAL** (b) Date thereof **10/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parklawn Cem**

18. (a) Signature of funeral director **J. H. Muller**
(b) Address **516 S. Dilmar Rd**

19. (a) **OCT 12 1947** (b) **J. F. Budick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT**, Day **10**, Year **1947**, hour **4**, minute **15 P.** M.

21. I hereby certify that I attended the deceased from **21** _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic decompensated

Myocarditis

Nephritis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature **John E. Taylor** (M.D. or other) _____
Address **1300 Oak** Date signed **10/13/47**

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.