

FILED MAY 15 1948
318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4355

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Luthern Hospital
(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 CLARA L. O'CONNELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased May 7, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>70</u>	-	-	-	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Gustav Steinke

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

14. Maiden name Minnie Herrin

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

16. (a) Informant Mrs. Katherine Boeger

(b) Address 204 Wachtel, Lemay, Missouri

17. (a) Burial (b) Date thereof 5-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director G. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) May 12 1948 (b) J. F. Bradeau
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 202 Wachtel
N.R. (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1948: hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 4th 1948
to May 7th 1948
that I last saw her alive on May 7th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 Days

Due to arteriosclerosis, cerebral aneurysm

Due to Hypertension, Myocarditis-Chr

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arnold H. Leini (M. D. or other) _____

Address 2632 S. Kingshighway Date signed 5-8-48

Don. G. St. Martin
2632 S. Irving Highway
~~for 7475~~
for 7475

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 Linus C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S Broadway

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.