

FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4273

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry A. Steber

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 Married
6. (b) Name of husband or wife Bertha M. 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January 26, 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Steber
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Seibert
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Steber
(b) Address 1446 McCausland

17. (a) Cremation (b) Date thereof 5-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel of Memories

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd.

19. (a) MAY 6 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County U.C.C. 1-1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1446 McCausland
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 8:00 minute 4 M.

21. I hereby certify that I attended the deceased from MAY 2 1948 to MAY 5 1948
that I last saw him alive on MAY 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 3 days
Due to Hypertension 15 mos.
Due to Arteriosclerosis 15 mos.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations 83 PHYSICIAN _____
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? _____
While at work? _____ (Specify type of work) (e) Means of injury 0

23. Signature B. B. Sumner (M. D. or other) _____
Address 1116 McCausland Date signed 5-6-48

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

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 J. P. Burgess
Licensed Embalmer No. 4029
P. O. Address Maplewood

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.