

FILED JUN 1 1948
1948. 36654
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **foo**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **26 1914 Salisbury Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN STEINER**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Alice Steiner**
6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **December 25 1866**
(Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **24**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business **None**

12. Name **John Steiner**
13. Birthplace **Unk. Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Hoelscher**
15. Birthplace **Unk. Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Dora Huning**
(b) Address **3729a N. 20 Street**

17. (a) **Burial** (b) Date thereof **5/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Suedmeyer & Son's**
(b) Address **3934 N. 20 Street**

19. (a) **MAY 20 1948** (b) **J. F. Bredack**
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **19th**
year **1948** hour **7:45** minute **A** M.
21. I hereby certify that I attended the deceased from **5/8/48**
19____, to **5/19/48**, 19____;
that I last saw **him** alive on **5/19/48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**
Duration _____

Due to **Generalized arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **9/3/48**

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 **J. W. Korhler** (M. D. or other) **MD**
Address **1515 Lafayette** Date signed **5/19/48**

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

Neville B. Prohwitter

Licensed Embalmer No.

3696

P. O. Address

3934 No 20th

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.