

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

FILED JUN 1 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4707

1. PLACE OF DEATH:

(a) County In Loris
 (b) City or town In Loris
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution en route City Hosp.
4857 - 2nd St. Loris
(If not in hospital or institution, write street number or location) 3
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 73 six months
years, months or days)

3. (a) PRINT FULL NAME

Louis Edward Steiferman

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 Caroline Steiferman 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 1st 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Trauhol

(b) Address 42711 Olive St.

17. (a) Burial (b) Date thereof May 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mokane Mo.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 5740 Washington Bl.

19. (a) MAY 21 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Mokane
(If outside city or town limits, write "RURAL")
 (d) Street No. 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 -20
 year 1948 hour 6:16 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis. Duration

Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address _____ Date signed 5/21/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

Re-6878

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 Ronald O. Yahnke

Licensed Embalmer No. 3917

P. O. Address St. Louis Mo.

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.