FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21771

Registrar's No. 1672

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Norwood Hills Country Club 3
(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 Missouri (b) County St. Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6570 Curtis Place. 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Ernest Steffen.

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased August 7, 1923.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
24	10	29	..... hr. ..... min.

9. Birthplace St. Louis County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business .....

FATHER
12. Name Ernest Steffen.
13. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lottie Bartling.
15. Birthplace St. Louis County, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lena Bartling.
(b) Address 6570 Curtis Place.

17. (a) Burial (b) Date thereof 7-9-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 7-8-48 (b) Cecil A. Hoppe MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th.
year 1948 hour 7 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning while wading in lake at Norwood Hills Country Club, St. Louis County, Mo. on ~~xxx~~ July 6, 1948.

Due to 183

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

Major findings:
Of operations .....
Of autopsy .....

36

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence July 6, 1948.

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Country Club in lake.
(Specify type of place)

While at work? ..... (e) Means of injury Suffocation

23. Signature Arnold J. Willman Coroner
(Coroner)

Address Clayton, Mo. 3 Date signed 7/8/48

36

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Clement McGreary

Licensed Embalmer No. 3732

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.