FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34732

Primary Registration District No. 1003

Registrar's No. 9290

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: Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/19/47 to 10/25/48 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1923 East John Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Frances Steutermann
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White,
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Adolph Steutermann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 16, 1867 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Cincinnati, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation At home,
11. Industry or business -------

MOTHER FATHER
12. Name Greve
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant George Steutermann
(b) Address 1923 E. John Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director H. A. Stock
(b) Address 2117 East Grand Blvd.
19. (a) OCT 27 1948 (Date received local registrar) (b) J. B. Lassler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1948 hour 12 minute 10 A. M.
21. I hereby certify that I attended the deceased from July 7, 1948, 19 to 10/25 19 48 that I last saw her alive on 10/25 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalomalacia	2 months
Due to: Cerebral Embolism	
Due to: Arteriosclerotic Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: same	

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. L. Krag, M.D. (M. D. or other)
Address 5600 Arsenal St. St. Louis Date signed Oct 25 1948

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

WRITE PLAINLY—USING 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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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.