

FILED JUL 5 1949

1003

Registration District No. 38404-4318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (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. Anthony
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hrs
 (Specify whether years, months or days) 2 hrs

3. (a) PRINT FULL NAME

Baby Girl Steffenauer

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased June 23 1949
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-	-	-	2 hr. - min.

9. Birthplace St. Louis Ill
(City, town, or county) (State or foreign country)10. Usual occupation Baby

11. Industry or business _____

12. Name Michael Steffenauer13. Birthplace Columbia Ill
(City, town, or county) (State or foreign country)14. Maiden name Helen Passler15. Birthplace Columbia Ill
(City, town, or county) (State or foreign country)16. (a) Informant Michael Steffenauer(b) Address Columbia Illinois17. (a) Burial (b) Date thereof 6-23-49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Immaculate Conception18. (a) Signature of funeral director Josephine Schmidt(b) Address Columbia, Illinois19. (a) JUN 24 1949 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe 999
 (c) City or town _____ 11
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Columbia 2
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1949 hour 10 minute 43 M.21. I hereby certify that I attended the deceased from June 23
1949 to June 23, 1949that I last saw her alive on June 23, 1949
and that death occurred on the date and hour stated above.Immediate cause of death Immaturity
multiple congenital defects

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)

(c) Means of injury _____

23. Signature W. C. Gersh (M. D. or other) M.D.Address 2114 E Grand Date June 24 49

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben. H. Baldus

Licensed Embalmer No. 2470

P. O. Address E. 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. ;