

FILED OCT 29 1957

Registration District No. **318** Primary Registration District **1003** Registrar's No. **9826**

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis:</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis:</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5948 Drury Lane</b>			Length of stay in lb <b>Life</b>	g. STREET (If outside, give location) ADDRESS <b>5948 Drury Lane.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Augusta Katherine Elise Steinbruegge</b>				First	Middle	Last	4. DATE OF DEATH Month <b>Oct.</b> Day <b>19</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 26, 1881</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>William Steinbruegge</b>				14. MOTHER'S MAIDEN NAME <b>Augusta Sasse</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT Address <b>Miss Louise Steinbruegge 5948 Drury Lane.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b>							INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Thrombophlebitis, rt. ilio-femoral vein</b>	DUE TO (c) <b>171x</b>					24 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Carcinomatosis; primary Ca. Cervix</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <b>Sept 30, 57</b> to <b>Oct 19, 57</b> and last saw her <b>alive on Oct 19, 57</b> Death occurred at <b>3:50 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22. SIGNATURE <b>H. H. Seesener MD</b> (Degree or title)				22b. ADDRESS <b>6000 W. Floissant</b>		22c. DATE SIGNED <b>10-21-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/22/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>			
24. FUNERAL DIRECTOR <b>Calvin F. Feutz Funeral Home,</b> 4828 Natural Bridge St. Louis Mo.			25. DATE RECD. BY LOCAL REG. <b>OCT 21 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			

*(Reverse) buried and 1-1-1918*

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John A. Menna* .....  
Licensed Embalmer No. *418*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.