FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 1 1948
Registration District No. 219

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27259
Primary Registration District No. 3052
Registrar's No. 254

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1005 So. Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 So. Vermont 4
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Edwin Albert Steiner
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan (Month) 17 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	7	3	..... hr. ..... min.

9. Birthplace Osage Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Machinist
11. Industry or business .....
FATHER
12. Name William Steiner 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Regina Gieck 9
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Minnie Steiner
(b) Address 1005 So. Vermont, Sedalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.
19. (a) 8-23-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy
251
0

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug. day 20
year 1948 hour 6 minute 45 P. M.
21. I hereby certify that I ~~attended the deceased from~~ viewed 19 body 8/20 1948;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Coronary sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2
23. Signature J. W. Waunders (~~M.D.~~ or other) DO
Address 501 E. Engineer Sedalia Mo Date signed 8/23/48
Deputy Coroner

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-31-48

SEP 2 1948

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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.