

3. No. 300  
10:48

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7037  
60240

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 6076 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Le, ay Rural Ringer Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ringer Rd. 3/4 mile east of 61 Hi.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 11 Box 311 Lemay 23, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pauline</b> b. (Middle) ----- c. (Last) <b>Steiner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 31 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 18, 1891</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Oakville, Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY -----	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Philip Zimmermann</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Schroeder</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Steiner</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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Steiner</b> ADDRESS -----
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>laceration of spleen and exsanguination; after apparently falling against a bucket on ice</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) ----- DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS <b>186c 6'8"</b> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>3</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>096</b> (STATE) <b>096</b> <b>Mehlville, St. Louis County, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 31 49 in.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slipped on ice</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2.15 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Arnold J. Willmann Coroner</b>		23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>2/1/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/2/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St Johns Cemetery</b>	24d. LOCATION (City, town, or county) (State) -----
DATE REC'D BY LOCAL REG. <b>2-2-49</b>	REGISTRAR'S SIGNATURE <b>Thurmond W. Perryman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. Hoffmeister U. &amp; L. Co. 7814 S. Broadway St. Louis, Missouri</b>	

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

9600

**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.

Signed Louis C. Hoffmann

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.