

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16397

BIRTH NO. _____		REG. DIST. NO. <u>160</u>	PRIMARY REG. DIST. NO. <u>5592</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JOACHIM</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JOACHIM TOWNSHIP</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR PEVELY MO R.R.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATT</u>		b. (Middle)		c. (Last) <u>STEIN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 6, 1949</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 11 1886</u>	9. AGE (In years last birthday) Months Days <u>62 9 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>AUSTRIA HUNGARY 4</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NICK STEIN 1923 SIDNEY ST. LOUIS</u>
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Feb 20, 1949</u> , to <u>April 6, 1949</u> , that I last saw the deceased alive on <u>Mar 31, 1949</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Arthur J. Seim M.D.</u>		23b. ADDRESS <u>Berthart, Mo.</u>		23c. DATE SIGNED <u>4/7/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 9 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BURGESS</u>
24d. LOCATION (City, town, or county) (State) <u>ANTONIA MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME KIMMSWORTH</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 7 1949</u>		REGISTRAR'S SIGNATURE <u>Cleora Bellville</u>		142

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No. 9,
District File Number
MAY 24 1949
Date Filed

MAY 25 1949

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 Elmer Halsting

Signed _____
Student Embalmer

Licensed Embalmer No. 3571

P. O. Address Kimmswick, 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.