

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32236**  
Registrar's No. **7931**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7931</b>			
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>Gas</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>17</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4 1028 Tamm Ave</b>					
3. NAME OF DECEASED (Type or Print) <b>Arthur</b>			a. (First)		b. (Middle) <b>P</b>		c. (Last) <b>Steible</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>9-12-1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12-21-1891</b>	
9. AGE (In years last birthday) <b>57</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>Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Board of Education</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Philip Steible</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Burtcher</b>		14. NAME OF HUSBAND OR WIFE <b>Susie Steible</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>World War #1</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <i>Susie Steible</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal Carcinomas</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Rt kidney</b>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <b>St Louis</b>		(COUNTY) _____		(STATE) <b>MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>no</b>					
22. I hereby certify that I attended the deceased from <b>Aug 13, 1949</b> , to <b>Sept 12, 1949</b> , that I last saw the deceased alive on <b>Sept 12</b> , 19____, and that death occurred at <b>10:30 A.M.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Arthur Steible</i>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>508 N. Grand Blvd</b>		23c. DATE SIGNED <b>Sept 13 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-15-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) <b>Jefferson Barracks Mo</b>		(State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>SEP 13 1949</b>		REGISTRAR'S SIGNATURE <i>J B Kester</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Fiegenheim Bros</i>		ADDRESS <b>6409 Gravois Ave</b>			

Dr Thym 508 N. Grand Blvd NE 9501  
 WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Henry M. Branner

Licensed Embalmer No. 4200

P. O. Address 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.