

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25306
6303
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-ROCK TOWNSHIP	
c. LENGTH OF STAY (in this place) 10 MINUTES		d. STREET ADDRESS (If rural, give location) NEAR ARNOLD Mo 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) STEINHEIMER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JULY 22-1950				
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT 28, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours 24	IF UNDER 15 MIN. Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME PETER STEINHEIMER		13b. MOTHER'S MAIDEN NAME JOHANNA SCHAEFFLE		14. NAME OF HUSBAND OR WIFE SINGLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MR JOHN HALLENBERGER		ADDRESS ARNOLD Mo	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage Internal hemorrhage Laceration right lung suffered when struck by automobile driven by one Johannes C. Batteloff on Hwy 1 in Jefferson County Mo about 11:00 pm (Daylight Sav. time) 1950				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		DUPLICATE					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 050				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson County Mo			
21d. TIME OF INJURY July 22, 50 9:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall			

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 **7:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph B. [Signature]		23b. ADDRESS 1300 S. Clark		23c. DATE SIGNED 7/24/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 26, 1950		24c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo			
DATE REC'D BY LOCAL REG. JUL 24 1950		REGISTRAR'S SIGNATURE J. B. Frazier		25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home				ADDRESS Summersville Mo	

WRITE PLAINLY—USING UNFADING 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 Arthur W. Heiligtag

Licensed Embalmer No. 3892

P. O. Address Kennamant Wis.

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.