

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6692

State File No. ....

FILED MAR 2 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1455</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		<u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. PACIFIC HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2827 ST. VINCENT AV</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>WALTER</u>		c. (Last) <u>STEIMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 12-51</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>OCTOBER-13-1894</u>	
9. AGE (In years last birthday) <u>56yr.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. PACIFIC</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John STEIMER</u>		13b. MOTHER'S MAIDEN NAME <u>FREDERICKA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>HENRIETTA STEIMER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES IN WAR I.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Henrietta Steimer 2827 St Vincent</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>Cerebral Apoplexy left lateral outline</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fresh Coronary Occlusion</u> DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H201</u>			
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 <u>9:50 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Quimby</u> (Degree or title) _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>2/13/51</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/15/51</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>ST. MATTHEW'S Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Prester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u> ADDRESS <u>3125 Lafayette Ave</u>			

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

*nil*

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

**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.