

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11160

XC-29-1699
Reg. # 91643
FILED MAR 30 1951

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 794		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFF BRKS MO		c. LENGTH OF STAY (In this place) 50 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN BELLEVILLE 8120				
d. FULL NAME OF HOSPITAL OR INSTITUTION GETS ADMIN HOSPITAL				d. STREET ADDRESS (If rural, give location) 3415 West "A" St., 8				
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) R. c. (Last) STEIN			4. DATE OF DEATH (Month) (Day) (Year) 3-26-51					
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH 7-27-90		
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SER. STA. OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) COURTLAND, NEBRASKA		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM STEIN, SR.		13b. MOTHER'S MAIDEN NAME CHRISTINA RUDOLPH		14. NAME OF HUSBAND OR WIFE LAURA STEIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PROSTATE WITH METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X					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) (Min.) 7A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-4, 1951, to 3-26, 1951, and that death occurred at 11:00A m., from the causes and on the date stated above.								
23a. SIGNATURE L. E. Stilwell M.D.				23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.		23c. DATE SIGNED 3-26-51		
24a. BURIAL, CREMATION, REMOVAL		24b. DATE 3/27/51		24c. NAME OF CEMETERY OR CREMATORY VAHALLA CEMETERY		24d. LOCATION (City, town, or county) (State) BELLEVILLE, ILLINOIS		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3/27/51 Herbert P. Tomke MD				FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 1104 Maple St. St. Louis 10, 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

Howard R Rowland

Licensed Embalmer No. *3114*

P. O. Address *OT House 107*

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.