

FILED OCT 26 1951

# STANDARD CERTIFICATE OF DEATH

36014

State File No. ....

BIRTH, NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 6276 Registrar's No. 3467

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maplewood</b>	
c. LENGTH OF STAY (In this place) <b>2 mos.</b>		d. STREET ADDRESS (If rural, give location) <b>733I Richmond Place</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ruth</b>	b. (Middle) <b>Vivian</b>	c. (Last) <b>Steenrod</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 19, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 16, 1900</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b>2</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Julius Steenrod</b>	13b. MOTHER'S MAIDEN NAME <b>Minta Carr</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Pine Crest Nursing Home, Ballwin, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lower Organs</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>159K</b> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 8/15, 1951, to 9/13, 1951, that I last saw the deceased alive on 9/13, 1951, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>R. W. Jensen</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Manchester Mo.</b>	23c. DATE SIGNED <b>10/18/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-20-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-19-51</b>	REGISTRAR'S SIGNATURE <b>Hubert P. Lomke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Booklage</b> ADDRESS <b>6536 Clayton Rd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....  
Student Embalmer

Signed *John S. Reynolds*  
Student Embalmer No. ....  
Licensed Embalmer No. *4194*

P. O. Address.....

**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.