

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40774

State File No. _____
Registrar's No. 1253

FILED DEC 17 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan <i>0117</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph, <i>1/30</i>		c. CITY OR TOWN St. Joseph <i>0117</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 Main		d. STREET ADDRESS (If rural, give location) 711 Main St. <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) Harry	b. (Middle) Frederick	c. (Last) Steinberg	4. DATE OF DEATH (Month) (Day) (Year) Dec 5, 1951
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5. SEX M. <i>0</i>	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <i>0</i>	8. DATE OF BIRTH Feb. 14, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binder	10b. KIND OF BUSINESS OR INDUSTRY Combe Printing	11. BIRTHPLACE (State or foreign country) Brooklyn, N.Y. <i>1</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Harry F. Steinberg	13b. MOTHER'S MAIDEN NAME Marie Fitter	14. NAME OF HUSBAND OR WIFE Lola Mae
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 491-09-2408	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lola Mae Steinberg, St. Joseph
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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, asbestosis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lucie Heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>023K</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 *10-11*, 1951, to *12-5*, 1951, that I last saw the deceased alive on *12-4*, 1951, and that death occurred at *1A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Livia Rosenthal</i> (Degree or title) M.D. <i>0</i>	23b. ADDRESS <i>St. Joseph Mo.</i>	23c. DATE SIGNED <i>12-6-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <i>0</i>	24b. DATE <i>12/7/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Savannah</i>	24d. LOCATION (City, town, or county) (State) <i>Savannah, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Dec. 11 1951</i>	REGISTRAR'S SIGNATURE <i>Carl C. Cadell</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Victor Barry 57 Jones</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

SEP 18 1958

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address S. T. Joseph 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.