

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43350

State File No. 11181

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11181

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 2159	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. ST LOUIS	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3422 1/2 KLOCKE ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) JOHN c. (Last) STEINMEYER			4. DATE OF DEATH (Month) (Day) (Year) 12-16-51			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 1 1914	9. AGE (In years last birthday) 37	10. UNDER 1 YEAR 6	11. UNDER 1 MIN. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY AVELLER ERICTION CO		11. BIRTHPLACE (State or foreign country) COLLINSVILLE 1 12L		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME FRED E STEINMEYER	13b. MOTHER'S MAIDEN NAME EMMA C MERSINGER	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. 488-09-0367	17. INFORMANT'S SIGNATURE OR NAME Fred E Steinmeyer	ADDRESS 3422 1/2 Klocke
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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) Acute yellow Atrophy of Liver		INTERVAL BETWEEN ONSET AND DEATH 1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
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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 580X
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22. I hereby certify that I attended the deceased from Nov 20, 1951, to Dec 16, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis, M.D.	(Degree or title)	23b. ADDRESS 539 N. Grand Ave	23c. DATE SIGNED 12/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)	24b. DATE Dec 19-1951	24c. NAME OF CEMETERY OR CREMATORY St JOHN'S CEMETERY	24d. LOCATION (City, town, or county) (State) BLACK JACK 12L
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DATE REC'D BY LOCAL REG. DEC 18 1951	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Robert	ADDRESS Lincoln 42nd 1905 S. Grand
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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Licensed Embalmer No. 4366

P. O. Address Howe Ave

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.