

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **819**

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 18

362

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

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington. <u>0362</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 515 Locust St.		d. STREET ADDRESS (If rural, give location) 515 Locust St.	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) J.	c. (Last) Steinmetz.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 31st. 1952.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 18th, 1878.	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe-worker (retired)	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Berger, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Steinmetz.	13b. MOTHER'S MAIDEN NAME Martha Weldon.	14. NAME OF DECEASED'S WIFE Rose Steinmetz.
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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. None.	17. INFORMANT'S SIGNATURE OR NAME Rose Steinmetz	ADDRESS Washington, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach.		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 15, 1952, to Jan 31, 1952, that I last saw the deceased alive on Jan 31, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Washington Mo	23c. DATE SIGNED 2/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4th, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. Feb. 1/1952	REGISTRAR'S SIGNATURE [Signature]	5. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Washington, Mo.
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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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James F. Chuboda
Licensed Embalmer No. 4507

P. O. Address Washington

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.