

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10628
State File No.
Registrar's No. 3004

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
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 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp		d. STREET ADDRESS (If rural, give location) 6051 Bartmer	

3. NAME OF DECEASED (Type or Print) a. (First) SAM	b. (Middle)	c. (Last) STEINBACK	4. DATE OF DEATH (Month) (Day) (Year) Mar. 31, 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	9. AGE (In years last birthday) 46-70	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant	10b. KIND OF BUSINESS OR INDUSTRY Waste rags	11. BIRTHPLACE (State or foreign country) USSR	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unk	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Nettie
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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. one	17. INFORMANT'S SIGNATURE OR NAME M.A. Steinback	ADDRESS 1053 Hampton Pk. r.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranial Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 week 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mr. Arterio Sclerosis		
	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 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? 4201
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22. I hereby certify that I attended the deceased from **June 1951** to **March 31, 1952** that I last saw the deceased alive on **Feb 15, 1952** and that death occurred at **8:15** m., from the causes and on the date stated above.

23a. SIGNATURE Lawrence M. Kotter M.D. (Degree or title)	23b. ADDRESS 4409 W. Olive	23c. DATE SIGNED 3/31/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4/1/52	24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona	24d. LOCATION (City, town, or county) (State) University City Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 31 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 c'erson
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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 Embalmer No.

Signed *Lewis L. Ludwig*

Signed.....
Student Embalmer

Licensed Embalmer No. *4227*

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.