

No. 500 FILED SEP 23 1952

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THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33657

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2375

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 township) OR TOWN <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Frontenac</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. LOUIS COUNTY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>#1 Clayton Terrace</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOMER</b> b. (Middle) <b>ADAM</b> c. (Last) <b>STEINBRINK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 12 52</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 6, 1891</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>	11. BIRTHPLACE (State or foreign country) <b>Richmond, Indiana</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Memphis Casting Works, Inc.</b>	
11. BIRTHPLACE (State or foreign country) <b>Richmond, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Steinbrink</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Justice</b>	
14. NAME OF HUSBAND OR WIFE <b>Catherine Steinbrink</b>		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>304-09-9352</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Steinbrink</b>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4201</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 <b>1</b>		19b. MAJOR FINDINGS OF OPERATION <b>1</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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		22. I hereby certify that I attended the deceased from <b>9-12-52</b> , to <b>9-12-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-12-52</b> , and that death occurred at <b>6:45 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Catherine J. Steinbrink</b> (Design or title)		23b. ADDRESS <b>#1 Clayton Terrace</b>	
23c. DATE SIGNED <b>9-13-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>9-14-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Richmond, Indiana Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Richmond, Indiana</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	
DATE REC'D BY LOCAL REG. <b>9-13-52</b>		REGISTRAR'S SIGNATURE <b>Norbert R. Donke, MD</b>	
ADDRESS <b>7233 Dalmar Blvd.</b>		526 Licensed Embalmer's Statement on Reverse Side	

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

Dr. C. Drum  
1727a Union Bl'vd.,

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 Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No 3864

P. O. Address St. Louis, 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.