

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41215

State File No. \_\_\_\_\_

Registrar's No. 10264

BIRTH NO. FILED DEC 4-1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

0.300  
0.48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <i>St. Louis</i>		a. STATE <i>Mo.</i>	
c. LENGTH OF STAY (In this place)		b. COUNTY <i>2167</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Enroute to City Hosp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
3. NAME OF DECEASED		d. STREET ADDRESS (If rural, give location)	
a. (First) <i>Daniel</i>	b. (Middle) <i>John</i>	e. (Last) <i>Steinheimer</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 28 1953</i>		5. SEX <i>Male</i>	
6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH <i>Jan. 15 1893</i>		9. AGE (In years last birthday) <i>60</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Lenzburg Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.C.</i>	
13a. FATHER'S NAME <i>Daniel Steinheimer</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Winter</i>	
14. NAME OF HUSBAND OR WIFE <i>Rosalie Steinheimer</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Rose Leaf, 4928 Walsh St.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 to 10 days</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Generalized arteriosclerosis</i>	
DUE TO (b) <i>As a result of the above cause (a) stating the underlying cause last.</i>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <i>PT had fractured leg which had healed</i>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>420 IF</i>	
22. I hereby certify that I attended the deceased from <i>March 1953</i> to <i>Sept 1953</i> , that I last saw the deceased alive on <i>Sept 15</i> , 1953, and that death occurred at <i>1:30 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Blm J. TUC M.D.</i> (Degree or title)		23b. ADDRESS <i>634 N. Grand</i>	
23c. DATE SIGNED <i>10-28-53</i>		24a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>10-31-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		DATE REC'D BY LOCAL REG. <i>OCT 29 1953</i>	
REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Witt Bros. &amp; Co. 2929 S. Jefferson</i>	

Mar. 1933

**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 H. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson 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.