

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3309**
0672FILED FEB 2 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN Missouri		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Baptist Hospital		e. STREET ADDRESS (If rural, give location) 8677 Oriole Avenue 20890			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) AUGUST		c. (Last) STEINMEYER	
4. DATE OF DEATH (Month) (Day) (Year) 1 21 54					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	
8. DATE OF BIRTH May 18, 1894		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber		10b. KIND OF BUSINESS OR INDUSTRY John Kiemeier's Shop		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Louis Steinmeyer		13b. MOTHER'S MAIDEN NAME Catherine Weiss		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW #1 493-07-3652		17. INFORMANT'S SIGNATURE OR NAME Harry C. Steinmeyer-4123a W. Florissant	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Aortic Arch		DUE TO (b) Dissecting Aneurysm			2 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 Rupture of Aorta - Poly cystic Liver & Kidneys			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 451X	
22. I hereby certify that I attended the deceased from 1/19/54 , 19____, to 1/21/54 , 19____, that I last saw the deceased alive on 1/21/54 , and that death occurred at 1 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Charles J. Harris MD		23b. ADDRESS 5298a Page		23c. DATE SIGNED 1/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-23-54		24c. NAME OF CEMETERY OR CREMATORY Friedens Evangelical Cem.	
24d. LOCATION (City, town, or county) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. JAN 22 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE E. R. Lupton & Sons-7233 Delmar Blv'd.,	
				ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

20-1524

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.....
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. *384*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.