

STANDARD CERTIFICATE OF DEATH

State File No. **44033**
11462
Registrar's No.

FILED JAN 18 1955

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 MO	c. LENGTH OF STAY (In this place) _____	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 Firmin Desloge		e. STREET ADDRESS (If rural, give location) 6410 Michigan 2019	
3. NAME OF DECEASED (Type or Print) Edward F. Steiner		a. (First)	b. (Middle)
c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12 15 1954	5. SEX M	6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1-26-1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) MO. 0
12. CITIZEN OF WHAT COUNTRY? USA.	13a. FATHER'S NAME Henry Steiner	13b. MOTHER'S MAIDEN NAME Lena Unk.	14. NAME OF HUSBAND OR WIFE Katherine Steiner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 494-09-1592	17. INFORMANT'S SIGNATURE OR NAME Katherine Steiner ADDRESS 6410 Michigan

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion acute INTERVAL BETWEEN ONSET AND DEATH acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) healed post. Myocardial infarction DUE TO (c) Coronary arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12/14/54	19b. MAJOR FINDINGS OF OPERATION Incarcerated ing hernia, left.	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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **12/14, 1954** to **12/15, 1954**, that I last saw the deceased alive on **12/14, 1954**, and that death occurred at **4 a. m.**, from the causes and on the date stated above. **12/15/54**

23a. SIGNATURE J. Earl Smith (Degree or title) M.D.	23b. ADDRESS Southern Funeral Home	23c. DATE SIGNED 12/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-17-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. DEC 16 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed *David Van Fossen*.....

Licensed Embalmer No. *424*.....

P. O. Address *6322 1/2 St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.