

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4014

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN St. Joseph 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 Silvey Rest Home 214 Texas Avenue		e. STREET ADDRESS (If rural, give location) 2624 Sacramento St. 01170	

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle) H.	c. (Last) Steinbrenner	4. DATE OF DEATH (Month) (Day) (Year) February 11, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 19, 1871	9. AGE (In years last birthday) Months Days 83	IF UNDER 1 YEAR Hours Min. 83	IF UNDER 1 YEAR Hours Min. 83
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. lumberman	10b. KIND OF BUSINESS OR INDUSTRY Lumber Company	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christ Steinbrenner	13b. MOTHER'S MAIDEN NAME Lizzie Weir	14. NAME OF HUSBAND OR WIFE Mary Frances
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. William Steinbrenner, 2624 Sacramento St. Joseph, Mo.	ADDRESS St. Joseph, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c)		Unknown
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 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from October 11, 1954, to February 11, 1955, that I last saw the deceased alive on January 11, 1955, and that death occurred at 7:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE Walter J. Law	(Degree or title) M.D.	23b. ADDRESS 217 Kirkpatrick Building, St. Joseph, Missouri	23c. DATE SIGNED February 14, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/14/1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Feb 15, 1955	REGISTRAR'S SIGNATURE Bother M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE Heston - Bowman	ADDRESS St. Joseph
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *34 2/10th 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.