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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24801

FILED JUL 21 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1609

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. CITY OR TOWN Webster Groves ⁴⁵⁶	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 Yrs		STREET ADDRESS (If rural: give location) 4906 Wilshusen St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4906 Wilshusen			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) MARTIN	c. (Last) STEINICKE	4. DATE OF DEATH (Month) (Day) (Year) 7-13-1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-16-1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher	10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and State or Foreign Country) New Orleans La.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME August Steinicke	13b. MOTHER'S MAIDEN NAME Margaret Dewine	14. NAME OF HUSBAND OR WIFE Mary J Steinicke
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 490-16-8920	17. INFORMANT'S SIGNATURE OR NAME Mary J Steinicke	ADDRESS Webster Groves
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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 12 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	19b. MAJOR FINDINGS OF OPERATION	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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from Aug 6, 1955, to July 13, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 11:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>James J. [Signature]</i>	(Degree or title) MD	23b. ADDRESS 25 N Central Clayton S	23c. DATE SIGNED July 14, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-16-1955	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. 7/14/55	REGISTRAR'S SIGNATURE <i>Heckert R. Spruke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>F. Home Webster Groves</i>	ADDRESS Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....
Leslie Holch

Licensed Embalmer No. *439*

P. O. Address *Halvater, Ill.*

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.