

No. 300  
10-48  
FILED OCT 7-1955

## STANDARD CERTIFICATE OF DEATH

31527  
State File No. \_\_\_\_\_  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8605

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8605	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Jacks on			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Murphysboro		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				e. STREET ADDRESS (If rural, give location) 230 N. 14th St. 51209			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) H. c. (Last) STEINLE			4. DATE OF DEATH (Month) (Day) (Year) SEPT 30 1955				
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 8, 1918		9. AGE (In years last birthday) 36 6	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY Soft Drinks		11. BIRTHPLACE (City and State or Foreign Country) Murphysboro, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Franklin Steinle			13b. MOTHER'S MAIDEN NAME Nell Hardy		14. NAME OF HUSBAND OR WIFE NADINE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.11		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nadine Steinle, Murphysboro, Ill.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNEC'S CIRRHOSIS -  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Alcoholism. DUE TO (c) Post Nematic due to hepatitis.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 years.
19a. DATE OF OPERATION 9/19/55		19b. MAJOR FINDINGS OF OPERATION ENLARGED SPLEEN - ESOPHAGEAL VARICES.			581-1		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)		21e. INJURY OCCURRED WHILE AT <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 Sept 19, 1955, to Sept 30, 1955, that I last saw the deceased alive on Sept 30, 1955, and that death occurred at 7:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE D. L. Skillman M.D.				23b. ADDRESS 1402 S. Grand St. Louis		23c. DATE SIGNED 9-30-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-1-55	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Murphysboro, Illinois		
DATE REC'D BY LOCAL REG. OCT 1-1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

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

9961 8 10/10

**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 *John J. Baines* .....  
Licensed Embalmer No. *410* .....  
P. O. Address *St. Louis* .....

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.