

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. CITY OR TOWN De Soto	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 1517 N. 3RD. ST.		e. STREET ADDRESS (If rural, give location) 1517 N 3RD. ST. 0500	

3. NAME OF DECEASED (Type or Print) a. (First) ALFRED b. (Middle) FRED c. (Last) STEINGRUBEY			4. DATE OF DEATH (Month) (Day) (Year) OCT. 15 1963		
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5. SEX: M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 24 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. STONE MASON		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MAPLE WOOD, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME FRANK STEINGRUBEY		13b. MOTHER'S MAIDEN NAME CAROLINE ?		14. NAME OF HUSBAND OR WIFE LIZZIE STEINGRUBEY	
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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.		17. INFORMANT'S SIGNATURE OR NAME MARY MELLOR ADDRESS 2302 S. 13TH ST. ST. LOUIS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hour.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ H301				
		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)		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 **NOV 4 1954**, to **OCT 18 1955**, that I last saw the deceased alive on **Oct 4 1955**, and that death occurred at **9:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold V. McPherson M.D.		23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED Oct 17, 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 19 1955		24c. NAME OF CEMETERY OR CREMATORY LUKEY CEM		24d. LOCATION (City, town, or county) (State) De Soto Rural Mo.	
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DATE REC'D BY LOCAL REG. 11-19-55		REGISTRAR'S SIGNATURE Marie Parry		25. FUNERAL DIRECTOR'S SIGNATURE Donnell D. Smith ADDRESS De Soto Mo.	
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 25 1955

OCT 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4109

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.