

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19639

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 548 Registrar's No. 1134

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. CITY OR TOWN Webster Groves d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 45 Yrs.		STREET ADDRESS (If rural, give location) 4 Glen Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Glen Road			

3. NAME OF DECEASED (Type or Print) a. (First) **FREDERICK** b. (Middle) **JOHN** c. (Last) **STEBER**

4. DATE OF DEATH (Month) (Day) (Year) **5-1-1957**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **4-8-1873** 9. AGE (In years) (Months) (Days) **84** 10. UNDER 1 YEAR Months Days 11. UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Principal. Retired** 10b. KIND OF BUSINESS OR INDUSTRY **School** 11. BIRTHPLACE (City and State or Foreign Country) **Sauk City Wis.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Casper Steuber** 13b. MOTHER'S MAIDEN NAME **Charlotte Schulte** 14. NAME OF HUSBAND OR WIFE **Jeannette Steuber**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. L.J. Cariffe** ADDRESS **4 Glen Rd.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease** INTERVAL BETWEEN ONSET AND DEATH **2 yrs**

ANTECEDENT CAUSES **Arteriosclerosis** **5 yrs.**

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 **4200** 20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 11, 1951**, to **May 1, 1957**, that I last saw the deceased alive on **4-26, 1957**, and that death occurred at **A** m., from the causes and on the date stated above.

23a. SIGNATURE **C. M. Charles** (Degree or title) **MD** 23b. ADDRESS **1105 Central Clayton 5 Mo** 23c. DATE SIGNED **5-1-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5-3-1957** 24c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 24d. LOCATION (City, town, or county) (State) **Kirkwood Mo.**

DATE REC'D BY LOCAL REG. **5-1-57** REGISTRAR'S SIGNATURE **Herbert B. Dunbar** 25. FUNERAL DIRECTOR'S SIGNATURE **Herbert B. Dunbar** ADDRESS **Webster Groves Mo**

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 *Leslie Welch*

Licensed Embalmer No. *439*

P. O. Address *Water Green*

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.