

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34187**
Registrar's No. **8142**

FILED SEP 17 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
26 St. Louis Chronic Hosp.

STREET ADDRESS (If rural, give location)
2267 1207 Howard

3. NAME OF DECEASED (Type or Print)
a. (First) **Clara** b. (Middle) **A.** c. (Last) **Steininger**

4. DATE OF DEATH (Month) (Day) (Year)
8-29-57

5. SEX **female** 6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Apr. 6-1878

9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Min.)
79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
NONE

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country)
Illinois

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
unk.

13b. MOTHER'S MAIDEN NAME
unk.

14. NAME OF HUSBAND OR WIFE
Arthur Steininger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Arthur Steininger 1207 Howard St.

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) **Pt. Lower Lobar Pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **490x**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Left Cerebral Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH
18 days

4 mo.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? **2**
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) (Min.) _____

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 **6-12-57**, 19____, to **8-29-57**, 19____, that I last saw the deceased alive on **8-29-57**, 19____, and that death occurred at **2:40p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) c
John W. Beckham, M.D.

23b. ADDRESS
5800 Arsenal St.

23c. DATE SIGNED
8/30/57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Sept. 2-17

24c. NAME OF CEMETERY OR CREMATORY
Laural Hill Gardens

24d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.,

DATE REC'D BY LOCAL REG.
AUG 31 57

REGISTRAR'S SIGNATURE
J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Leidner Und. Co. 2223 St. Louis Ave.

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 *Albert Mayfield*.....

Licensed Embalmer No. *507*

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.