

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046361

STATE FILE NUMBER

1003

Registrar's No. 12226

JAN 12 1959

Registration District No.

318

Primary Registration District No.

300

-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>GARDENVILLE</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. ANTHONY'S</i>		Length of stay in lb <i>HOSPITAL</i>	d. STREET ADDRESS (If outside, give location) <i>4760 SEIBERT</i>
3. NAME OF DECEASED (Type or print) First <i>ADOLPH</i> Middle <i>STEFFEN</i> Last <i>STEFFEN</i>		4. DATE OF DEATH Month <i>DEC</i> Day <i>16</i> Year <i>1958</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MARCH 25, 1870</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>QUARRY</i>	9. AGE (In years last birthday) <i>88</i>
13a. FATHER'S NAME <i>JOHN STEFFEN</i>		13b. MOTHER'S MAIDEN NAME <i>MARY-----</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	14. NAME OF HUSBAND OR WIFE <i>NONE</i>
17. INFORMANT <i>ANNA STEFFEN</i>		Address <i>4760 SEIBERT</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Posterior myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>420.1</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>Aug. 19 1948</i> to <i>Dec 16 1958</i> and last saw ^{him} alive on <i>Dec 16 1958</i> Death occurred at <i>11:45 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert W. Tichenor M.D.</i>		22b. ADDRESS <i>P.O. Box 6 Spring Grove Mo</i>	22c. DATE SIGNED <i>12-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>12/19/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS PETER & PAUL CEM</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i>		ADDRESS <i>7027 GRAVOIS</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 18 '58</i>
			26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>

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 *Ronald Benz*

Licensed Embalmer No. *4863*
P. O. Address *St. Louis Mo.*

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.