

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012141

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 632

AMENDED

FILED VS MAR 14 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellefontaine Neighbors		Length of stay in lb years	c. CITY OR TOWN Bellefontaine Neighbors
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1013 Donnell Ave		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1013 Donnell Ave
3. NAME OF DECEASED (Type or print) First William Middle Steinbruegge Last Steinbruegge		4. DATE OF DEATH Month March Day 3 Year 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-9-1888
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Owner, Auto Agency (retired)		10b. KIND OF BUSINESS OR INDUSTRY Bill's Motor Sales	11. BIRTHPLACE (City and state or country) St. Louis County, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Steinbruegge	
13b. MOTHER'S MAIDEN NAME Anna Suedmeyer		14. NAME OF HUSBAND OR WIFE Anna Steinbruegge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Anna Steinbruegge, 1013 Donnell	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Standards			INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Tuberculosis			7 M
DUE TO (c) Pulmonary Fibrosis & Emphysema			5 Y.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year _____		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 4.10.59 to 3.3.61 and last saw him alive on 3.15.61 . Death occurred at 3.3.61 - 4:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Math Hermann</i> (Degree or title)		22b. ADDRESS 8307 e/ Jaspers Rd.	22c. DATE SIGNED 6/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 7 1961	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. 3-6-61	26. REGISTRAR'S SIGNATURE <i>John C. Murphy Md.</i>

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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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 *W. Clement McQuay*

Licensed Embalmer No. 3732

P. O. Address *Ph. 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.