SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-012142

STATE FILE NUMBER

AMENDED ✓ FILED MAR 27 1961

Registration District No. 347 Primary Registration District No. 547 Registrar's No. 692

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights,
Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp.
Inside Limits Yes ✓ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST Louis
c. CITY OR TOWN Crestwood,
Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 520 Larsen Lane.
Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First LOIS Middle A. Last STEINER
4. DATE OF DEATH Month Mar. Day 10th, Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ✓ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-15-1922
9. AGE (last birthday) 39
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, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Eugene D. Moll
13b. MOTHER'S MAIDEN NAME Catherine Wissmann
14. NAME OF HUSBAND OR WIFE Eugene Steiner
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.
17. INFORMANT Address Eugene Steiner-520 Larsen Lane,Crestwood.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH 2 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ✓ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 October 1960, to March 10, 1961 and last saw her alive on March 10, 1961
Death occurred at 9:17 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry A McLean MD (Degree or title)
22b. ADDRESS 16 Hampton Village Plaza, St Louis
22c. DATE SIGNED Mar 17, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-13-61
23c. NAME OF CEMETERY OR CREMATORY Resurrection
23d. LOCATION (City, town, or county) St.Louis County. (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser
ADDRESS 4228 S.Kingshighway Blvd
25. DATE RECD. BY LOCAL REG. 3-12-61
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4533

P. O. Address _____

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.