

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040776

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10081** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 29 1962**

VS 300  
Rev. 4/59

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13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>3 Weeks</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8538 Park Lane</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>FRANK</b>			First Middle Last <b>C. H. STEINKAMP</b>			4. DATE OF DEATH Month Day Year <b>10 18 62</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/12/1900</b>		9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Baker</b>		11. BIRTHPLACE (City and state or country) <b>Venedy, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Frank Steinkamp</b>				13b. MOTHER'S MAIDEN NAME <b>Magdaline Juhl</b>				14. NAME OF HUSBAND OR WIFE <b>Anna Steinkamp</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Anna Steinkamp 8538 Park Lane (15)</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion with Infarction (myocardial)</b>										INTERVAL BETWEEN ONSET AND DEATH <b>19 day.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b)				DUE TO (c) <b>Arteriosclerosis (General)</b>				?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>								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 checked="" type="checkbox"/> NO <input 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 <b>10/11/62</b> , to <b>10/18/62</b> and last saw him alive on <b>10/18/62</b> Death occurred at <b>11:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>A. Victor Reese M.D.</b>						22b. ADDRESS <b>120 E Lockwood Grove</b>			22c. DATE SIGNED <b>10/19/62</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/22/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>			23d. LOCATION (City, town, county) (State) <b>St. Louis County Missouri</b>						
24. FUNERAL DIRECTOR <b>Calvin F. Feutz 4828 Natural Bridge Blvd.</b>						25. DATE RECD. BY LOCAL REG. <b>OCT 22 1962</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>					

Dr. Victor A. Reese

120 East Lockwood

WO 2-2218

HOURS:

Fri. 10 AM to 12 PM  
4 PM to 6 PM

Sat. 10AM to 12 Noon

**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 John A. Miller

Licensed Embalmer No. 4186

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.