

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022785

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1512

STATE FILE NUMBER

**FILED MAY 27 1963**

VS 300  
Rev. 4/59

1 4002

2 4029

3 2

4 0

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7 2

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9 4200

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12 45-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Ladue</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>1141 S. McKnight</b>	
3. NAME OF DECEASED (Type or print) First <b>BEN</b> Middle <b>STEINBACH</b> Last <b>STEINBACH</b>		4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1963</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>3/17/87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturer-Artificial Flowers</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Romania</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Steinbach</b>		14. NAME OF HUSBAND OR WIFE <b>Cecile Steinbach</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or unknown) (If yes, give war or dates) <b>Unk.</b>		17. INFORMANT Address <b>Jos. Steinbach 1141 S. McKnight</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</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>moderate - acute 7 yrs</b>
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. <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"/>		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>1/3/56</b> to <b>5/8/63</b> and last saw <sup>her</sup> <sub>him</sub> <b>5/6/63</b> Death occurred at <b>2 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Thomas Cleary</b>		22b. ADDRESS <b>3720 Washington</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem. St. Louis County, Missouri</b>	
23b. DATE <b>5/9/63</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Herman Rindskopf, Inc. 5216 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>5-8-63</b>	
26. REGISTRAR'S SIGNATURE <b>Jos. M. Murphy</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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. \_\_\_\_\_

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.