

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042085

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10068 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only)  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

17 1963  
St. Louis  
Life  
Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE  
b. COUNTY

Mo St. Louis  
Pagedale  
1276 Purcell

3. NAME OF DECEASED (Type or print) First Middle Last

Viola Meyer Steiner

4. DATE OF DEATH Month Day Year

October 8, 1963

5. SEX 6. COLOR OR RACE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR

Female White 3/3/1893 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY

House Wife Own Home St. Louis, Missouri U.S.A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE

Fred Meyer Sophia Fischer Adolph Carl Steiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address

No None None Mr Russell C. Steiner 14807 Lachburr Drive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Rupture of myocardium with coronary artery disease*  
DUE TO (b) *myocardial infarction*  
DUE TO (c) *atherosclerosis of coronary arteries*  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
*Diabetes 10 years, essential hypertension*  
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.)  
4201

20c. TIME OF INJURY Hour a.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 1958 to 10/18/63 and last saw her alive on 10/18/63  
Death occurred at 3 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
James O. Wood M.D. 8230 Forsythe 10/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  
Burial 10/11/63 Zion Cemetery St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
Alexander & Sons 6175 Delmar Blvd OCT 10 1963 Joan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. James Wood  
8230 Forsyth Blvd  
1 to 5 P.M.  
Pa. 5-4887

**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

*Vernon C. Vedder*

Licensed Embalmer No. 5031

P. O. Address St Louis 12 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.