

FILED APR 22 1942

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks.  
(Specify whether years, months or days)

In this community 84 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin.

(c) City or town Washington  
(If outside city or town limits, write "RURAL")

(d) Street No. 415 E. Fifth St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Edward A. Steines.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: May 13th, 1857.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	9	24	hr. min.

9. Birthplace Gray Summit, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer.

11. Industry or business X

12. Name Frederick Steines.

13. Birthplace Unknown, Germany.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Jones

(b) Address 415 E. 5th Washington, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Mar. 10, 1942.  
(Month) (Day) (Year)

(c) Place: burial or cremation Gray Summit, Mo.

18. (a) Signature of funeral director Hieburg & Witt, Inc.

(b) Address Washington, Mo.

19. (a) March 9-42 (Date received local registrar)

(b) Luella Ruetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th, year 1942 hour 11:00 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan. 19, 1942 to Mar 7, 1942

that I last saw him alive on Mar 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Oedema of lungs

Due to Chr. myocarditis

Due to Fracture of L. femur and R. humerus.

Other conditions general debility  
(Include pregnancy within 3 months of death)

Major findings: 186a

Of operations 18

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident.

(b) Date of occurrence Jan. 16-1942

(c) Where did injury occur: on his own yard corner of face  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
about home

While at work? No. (Specify type of place)  
his own home to to fall (e) Means of injury to yard at

23. Signature H.A. May (M. D. or other) Med.

Address Washington, Mo. Date signed 3/9/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36  
6  
2

036  
6  
2

036

0

Dr. H. U. Man 1181

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 Me  
Lester H. Pitt Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lester H. Pitt  
Licensed Embalmer No. 3254  
P. O. Address Washington, 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 this body is not embalmed, fact should be so stated above.