

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40699
40699

Registration District No. 793

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 40 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME August Herman Steinbeck

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otille 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Oct. 31, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Cooper Hill, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Newspaper

11. Industry or business _____

MOTHER, FATHER { 12. Name William Steinbeck
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Carolina Hueller
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant A. A. Steinbeck
(b) Address Union, Missouri

17. (a) Burial (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director W. H. Starn

(b) Address Union, Mo.

19. (a) 12/24/42 (b) Thomas A. Rieger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1942 hour 3 minute 25 p.m.

21. I hereby certify that I attended the deceased from 11 - 1942 to 12-21 1942
that I last saw him alive on 12-8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure, Aortic Myocardial Damage - Arteriosclerosis
Due to Myocardial Damage - Arteriosclerosis
Due to Sclerotic heart
Other conditions: Carcinoma of Stomach
(Include pregnancy within 3 months of death)

Duration
10 min
6 mo
10 yrs
5 Mo

PHYSICIAN
Major findings:
Of operations 466
Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. H. Stuhlman (M. D. or other) M.D.
Address Union, Mo. Date signed 12-24-42

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

36
5
0

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3175

P.O. Address Union, 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.