S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40282

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4996

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6620 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6620 South Benton 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Charles E. Steinbach

3. (b) If veteran, name war no.

3. (c) Social Security No. 494-30-7518

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife unknown,

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

7. Birth date of deceased October (Month) 12 (Day) 1875 (Year)

8. AGE: Years 70 Months 1 Days ~~21~~ 20 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Employee of School Board

11. Industry or business x

FATHER
12. Name John Steinbach
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nannie Blevens,
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Blalock, W. W.
(b) Address 6620 S. Benton, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-4-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2 year 1945 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from Nov 20 1945, 19 to Dec 2, 1945 that I last saw him alive on Dec 2, 1945 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 8 weeks

Due to Chronic myocarditis

Due to Arteriosclerosis 5 yrs

Other conditions 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none 93

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M B Casebolt (M. D. [illegible])
Address 4000 Baltimore Date signed 12/3/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Casebolt

40th St
Baltimore

JUL 17 1957

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 [signature]

Licensed Embalmer No. 1415

P. O. Address [illegible]

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.