

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5898

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR Farmington TOWN RURAL St. Francois		c. LENGTH OF STAY (in this place) 3 yrs. 3 mo. 26 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR Cape Girardeau		d. STREET ADDRESS (If rural, give location) 535 South Hanover	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) CHRISTIAN c. (Last) STEIN			4. DATE OF DEATH (Month) (Day) (Year) January 27, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 20, 1899	9. AGE (in years last birthday) 49	10. IF UNDER 1 YEAR Days 3	11. IF UNDER 24 HRS. Hours 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Stein		13b. MOTHER'S MAIDEN NAME Bertha Bode		14. NAME OF HUSBAND OR WIFE Bertha Gibson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 12 hours.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cardio renal disease.				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Renal Disease DUE TO (c) 331x				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 22, 1949, to Jan. 27, 1949, that I last saw the deceased alive on Jan. 27, 1949, and that death occurred at 6:00P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Brenner M.D.		23b. ADDRESS Farmington, Missouri State Hospital No. 4		23c. DATE SIGNED 1-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-49		24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery	
				24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	

DATE REC'D BY LOCAL REG. Feb 15, 1949		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf-Howell		ADDRESS 536 Broadway Cape Girardeau, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

949

RECORDED

Health Officer No. 4

File Number 249-22

Date Filed 2-21-4

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
Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.