

10931

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 2 1949

Registrar's No. 476

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3066		Registrar's No. 476	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>1 mo 9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greenwood Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>24 East Elm St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Hazel</u>		b. (Middle) <u>ann</u>		c. (Last) <u>Steinbrueck</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>2</u>		<u>-25-</u>		<u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 7, 1917</u>		9. AGE (In years last birthday)	
						<u>32</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Alton, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Monroe Schumack</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Virginia</u>		14. NAME OF HUSBAND OR WIFE <u>Eric Steinbrueck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eric Steinbrueck</u>			
				ADDRESS <u>Alton, Ill.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			
				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>331*</u>			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS <u>830</u>			
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>2-16</u> , 1949, to <u>2-25</u> , 1949, that I last saw the deceased alive on <u>2-25</u> , 1949, and that death occurred at <u>1158 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Hines M.D.</u>				23b. ADDRESS <u>1300 Grant Rd</u>		23c. DATE SIGNED <u>2-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/26/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-49</u>		REGISTRAR'S SIGNATURE <u>Thurman Lunge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Gent</u>		ADDRESS <u>Alton, Ill.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-4896  
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APR 4 1949

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**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.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. ....

P. O. Address.....

**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.