

FILED MAY 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11428

State File No. 11428

Registrar's No. 1638

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>415 South Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUS</u>	b. (Middle) <u>N.</u>	c. (Last) <u>STEINMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1949</u>
--	-----------------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 23, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	11. BIRTHPLACE (State or foreign country) <u>Memphis, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Joseph Steinman</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Hoffman</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Steinman</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Steinman</u> ADDRESS <u>Mexico, Mo.</u>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Letanus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>April 10-22</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fractured distal end ring finger</u> <u>rupt knee</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>4/22-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Remove distal end of ring finger</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home injured finger</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion Mo. Audrain Missouri</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 10 49</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidentally injured finger at home</u>
---	---	---

22. I hereby certify that I attended the deceased from 4-19, 1949, to 4-24, 1949, that I last saw the deceased alive on 2-10-49, 1949, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry J. Orner</u> (Degree or title) <u>Dr. W. O.</u>	23b. ADDRESS <u>1115 - Kamehameha</u>	23c. DATE SIGNED <u>4-26-49</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 26, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Apr. 26 1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl E. Paul</u> ADDRESS <u>Mexico, Mo.</u>
--	--	---

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

MAY 4 1949

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 Paul J. Pugh

Licensed Embalmer No. 3189

Mexico, Mo.

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.