No. 300
10.48

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

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36105

BIRTH NO. _____ REG. DIST. NO. 36v PRIMARY REG. DIST. NO. 4531 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
c. LENGTH OF STAY (in this place): 10 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Katie Jane Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ferguson Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson ~~Fergoson~~
d. STREET ADDRESS (If rural, give location): 227 Catherine

3. NAME OF DECEASED (Type or Print)
a. (First): Maria
b. (Middle): Elizebeth
c. (Last): Steinbach

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 28 - 1881
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Florissant Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Juleius Mester
13b. MOTHER'S MAIDEN NAME: Willimena Hincher
14. NAME OF HUSBAND OR WIFE: Antone Steinbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Hilda Steinbach
ADDRESS: St. Louis Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast primary — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of lung
DUE TO (c) Pneumonia Hypostatic — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1904

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 9, 1949, *to* Oct. 21, 1949, *that I last saw the deceased alive on* Oct. 21, 1949, *and that death occurred at* 7:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold Hollister (Degree or title) M.D.
23b. ADDRESS: Warrenton Mo.
23c. DATE SIGNED: Oct. 22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-24-49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemet.
24d. LOCATION (City, town, or county) (State): Lucas & Hunt Rd. St Louis Mo.

DATE REC'D BY LOCAL REG.: 10-28-49
REGISTRAR'S SIGNATURE: Floyd Logan 421
25. FUNERAL DIRECTOR'S SIGNATURE: White Fun'l Home
ADDRESS: ~~Fergoson~~ Mo. Ferguson

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1949
District Health Officer No. 9,
District File Number

NOV 9 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 John E. Herbinger
Licensed Embalmer No. 4409
P. O. Address Warrenton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.