

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File # 32741

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

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BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>2029</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Crystal City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		d. STREET ADDRESS (If rural, give location) <u>420 Russell Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Orville</u>		c. (Last) <u>Steiner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 18, 1880</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u> IF UNDER 1 HR. Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PPG Company</u>		11. BIRTHPLACE (State or foreign country) <u>Leeper, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Mary Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>Florence McClain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-03-4198</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alberta Klein Festus, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease, Coronary occlusion.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ ... DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Natural</u>	
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>20/11</u> , 19 <u>41</u> , to <u>Nov. 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>49</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dental Berglund</u> (Degree or title)				23b. ADDRESS <u>Festus, Mo.</u>		23c. DATE SIGNED <u>Nov. 9, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Festus Methodist</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 12 1949</u>		REGISTRAR'S SIGNATURE <u>Clara Bellville</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Wenzel</u>		ADDRESS <u>Festus, Mo.</u>	

DATE RECEIVED 12-8-79
WILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 *H. W. Myland*

Licensed Embalmer No. 3010

Signed _____
Student Embalmer

P. O. Address Jefferson 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.