No. 300
10.48

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

FILED JUN 19 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19462

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 686

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1007 North 22nd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1007 North 22nd. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): R.
c. (Last): Steinman

**4. DATE OF DEATH** (Month) (Day) (Year): June 9, 1950

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married 1
**8. DATE OF BIRTH**: July 18, 1879
**9. AGE** (In years last birthday): 70 — IF UNDER 1 YEAR: Months 10, Days 21 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: tennant farm
**11. BIRTHPLACE** (State or foreign country): Burns, Switzerland 5
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Frederick Steinman
**13b. MOTHER'S MAIDEN NAME**: Mary Ann Blaser
**14. NAME OF HUSBAND OR WIFE**: Emma Steinman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Emma Steinman, 1007N.22nd. — **ADDRESS**: St. Joseph 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) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) 4200

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Thrombosis Popleteal artery Rt. — 2 months
a partial recovery

**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* 3/24, 1950, *to* 6-9, 1950, *that I last saw the deceased alive on* 6-1, 1950, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Irwin S. Rosenthal (Degree or title) M.D.
**23b. ADDRESS**: St Joseph Mo.
**23c. DATE SIGNED**: 6-9-50.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-11-50
**24c. NAME OF CEMETERY OR CREMATORY**: St. Joseph Cem.
**24d. LOCATION** (City, town, or county) (State): Amazonia, Mo.

**DATE REC'D BY LOCAL REG.**: June 12, 1950
**REGISTRAR'S SIGNATURE**: G. C. Jenkins
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Heath-Bowman Funeral Home - St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

G. Parenthood

## 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 James B Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joseph

**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.