No. 300
10.48

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#112471

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22047

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5533

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 210 9
d. STREET ADDRESS (If rural, give location) 4262 FARLIN AVE 0

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) ~~XXXXXX~~ HENRY
c. (Last) STEFFEN

4. DATE OF DEATH (Month) (Day) (Year) June 25th, 1950

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH Nov. 17, 1873
9. AGE (In years last birthday) 76 — 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) HOG BUYER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BLACK JACK Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME HENRY STEFFEN
13b. MOTHER'S MAIDEN NAME CHRISTINE TOHLMAN
14. NAME OF HUSBAND OR WIFE

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. 492-10-1427
17. INFORMANT'S SIGNATURE OR NAME PATRICK STEFFEN **ADDRESS** 4262 FARLIN

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 Dis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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
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? H.B.O

22. *I hereby certify that I attended the deceased from* 6/21/50, 19__, *to* 6/25/50, 19__, *that I last saw the deceased alive on* 6/25/50, 19__, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold H. Lurie (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 6/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JUNE 28, 1950
24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. JUN 26
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Street-Carroll **ADDRESS** 4600 Nat'l Bridge

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4653

P. O. Address St. Louis Mo

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

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