

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24223

BIRTH NO.		REG. DIST. NO. 273	PRIMARY REG. DIST. NO. 3051	Registrar's No. 53
1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. LENGTH OF STAY (in this place) 14 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville 8791	
d. FULL NAME OF HOSPITAL OR INSTITUTION 231 S. Main St.		d. STREET ADDRESS (If rural, give location) 231 S. Main St.		
3. NAME OF DECEASED (Type or Print) John		a. (First)	b. (Middle) Jacob	c. (Last) Steinbecker
4. DATE OF DEATH July 18, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 17, 1880
5. SEX Male	6. COLOR OR RACE White	9. AGE (In years last birthday) 70		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) Store Clerk		10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (State or foreign country) Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bruno Steinbecker		
13b. MOTHER'S MAIDEN NAME Trudencia Nuyt		14. NAME OF HUSBAND OR WIFE Julia Modde		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-09-8736		17. INFORMANT'S SIGNATURE OR NAME Leslie Steinbecker, Perryville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Indigestion Gastric Hemorrhage Excess Stress on Vessels 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.		INTERVAL BETWEEN ONSET AND DEATH 7845
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Perryville Perry Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/18 1950 9:30 PM		21e. INJURY OCCURRED HEAT <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 7:30 , 1950, to 7:18 , 1950, that I last saw the deceased alive on 19 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE F. P. Mickey, M.D.		23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 7/19/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope
24d. LOCATION (City, town, or county) (State) Perryville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bay, Perryville, Mo.		
DATE REC'D BY LOCAL REG. July 20-1950		REGISTRAR'S SIGNATURE 250		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 1 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

AUG 1 0 7 50M

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3866

P. O. Address Ferryville, 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.