

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1950

State File No. 27936

BIRTH NO.		REG. DIST. NO. 309	PRIMARY REG. DIST. NO. 4465	Registrar's No. 5
1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Portage des Sioux Twp 39 yrs)		c. LENGTH OF STAY (in this place) 39 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Portage des Sioux, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Weber Lake Road		d. STREET ADDRESS (If rural, give location) Weber Lake Road 0920		
3. NAME OF DECEASED (Type or Print) a. (First) Ferdinand		b. (Middle) J.	c. (Last) Steiert	4. DATE OF DEATH (Month) (Day) (Year) May 24 1950
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 30 1867	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) St. Peters, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Andrew Steiert		13b. MOTHER'S MAIDEN NAME Catherine Haas	14. NAME OF DECEASED'S WIFE Josephine (Siedhoff) Steiert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Leo Steiert (son) Portage des Sioux, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of mouth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Leuk of lobia " " " 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 1 yr 14 yrs 14 1/2 yrs
19a. DATE OF OPERATION Nov 14 49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of mouth & metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY-TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Charles Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Nov 1, 1949, to 5/24, 1950, that I last saw the deceased alive on 5/23, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Ben L. Neuberger M.D. (Degree or title)		23b. ADDRESS St. Charles		23c. DATE SIGNED 5/25/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27-1950	24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	24d. LOCATION (City, town, or county) (State) Portage des Sioux, Mo.	
DATE REC'D BY LOCAL REG. May 29 1950	REGISTRAR'S SIGNATURE T. W. Grassor 366	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS H. P. Dohmeyer & Sons Co 800 N. 2nd - St. Charles, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

0920

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 4189

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph I Landolt
Licensed Embalmer No. 4189

P. O. Address St. Charles 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.