No. 300
10.48

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41940

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 392

3940
2

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington RURAL St. Francois
c. LENGTH OF STAY (in this place) 1Yr 5Mo 1Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
d. STREET ADDRESS (If rural, give location) R.F.D. 12

4000

3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) c. (Last) Steiger

4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH Feb 22 1888
9. AGE (In years last birthday) 62 — If under 1 year: Months 8, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri O
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Martin Frederick
13b. MOTHER'S MAIDEN NAME Louise Swilea
14. NAME OF HUSBAND OR WIFE Henry Steiger

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. None
17. INFORMANT'S SIGNATURE OR NAME Elmer Steiger Rt 12 Kirkwood Mo — ADDRESS

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 (& Hospital Records.)

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	Abt. 4 das.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral arteriosclerosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		331X

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* Nov. 15, 1949, *to* Nov. 15, 1950, *that I last saw the deceased alive on* Nov. 15, 1950, *and that death occurred at* 10:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan M.D.
23b. ADDRESS Farmington, State Hospital No. 4, Mo.
23c. DATE SIGNED 11-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-18-50
24c. NAME OF CEMETERY OR CREMATORY St Lucas Cemetery
24d. LOCATION (City, town, or county) St Louis County (State) Mo

DATE REC'D BY LOCAL REG. Dec. 6, 1950
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE Jos P Fendler Jr
ADDRESS 7128 Michigan St Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 11 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

DEC 29 1950

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 J. Allen Morris Jr

Signed .....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address Paris 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.