

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5743

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 4050 Registrar's No. \_\_\_\_\_

0920

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town or township) West Alton		c. CITY (If outside corporate limits, write RURAL and give township) West Alton	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Alton			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) F.	c. (Last) Steinhoff	4. DATE OF DEATH (Month) (Day) (Year) January 29-1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 9-1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) West Alton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fritz Steinhoff	13b. MOTHER'S MAIDEN NAME Mollie O'Brien	14. NAME OF HUSBAND OR WIFE Agatha (Barnhorn) Steinhoff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you give war or dates of service) NIL	17. INFORMANT'S SIGNATURE OR NAME Mrs Edna Tuepker (daughter)	ADDRESS West Alton, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis 2 yr.		
	DUE TO (c) Gen Arterio-sclerosis 10 yrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1<sup>st</sup>, 1951, to Jan 29<sup>th</sup>, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE R P Erich Schurz M.D.	(Degree or title)	23b. ADDRESS St Charles Mo	23c. DATE SIGNED 1/30/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 1, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	24d. LOCATION (City, town, or county) (State) Portage des Sioux, Mo.
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DATE REC'D BY LOCAL REG. Feb 7 <sup>th</sup> 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dalleneyer & Sons Co	ADDRESS 800 N. 2nd - St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

RECEIVED

FEB 16 1951

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

\_\_\_\_\_ working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Joseph F Landolt  
Licensed Embalmer No. 4189

P. O. Address St. Charles M

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.