

FILED APR 7 1951

THE DIVISION OF HEALTH - STATE OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

State File No. 9312

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Michigan</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Muskegon Heights</u>		8210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Hamilton Apartments</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernard</u> b. (Middle) <u>C</u> c. (Last) <u>Steindler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 25, 1930</u>		9. AGE (In years last birthday) <u>21</u>	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) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Milton Steindler</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Altholz</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Jack Steindler Muskegon Hts. Mich</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Contusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auto accident</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>32</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>AS</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SOURCE OR HORRORS (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/2 MILE FLG. ON 36 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Roll Co MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-24-51 7:00 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>March 24, 1951</u> , to <u>March 26, 1951</u> , that I last saw the deceased alive on <u>March 26, 1951</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis M.D.</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>3-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muskegon, Michigan</u>		24d. LOCATION (City, town, or county) (State) <u>Michigan</u>		
DATE REC'D BY LOCAL REG. <u>3-26-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Ronnell</u>		ADDRESS <u>Hannibal, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 4 1954
STATE HEALTH DEPT.
DATE FILED APR 5 1954

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 _____

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed H. M. C. Donnell

Licensed Embalmer No. 13889

P. O. Address Hannibal, 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.