

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

BIRTH NO. 54158-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 566

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>4153a DeTonty St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 2 1951</u>	
a. (First) <u>MARY</u>		b. (Middle) <u>D.</u>	
c. (Last) <u>STEINKAMP</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 6, 1950</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry W. Steinkamp</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Mitchell</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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry W. Steinkamp</u>			
ADDRESS <u>4153a DeTonty St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Congenital Heart Disease -</u> <u>cyanotic type</u>	
DUE TO (c)			
19a. DATE OF OPERATION <u>3-1-51</u>	19b. MAJOR FINDINGS OF OPERATION - <u>Pulmonary valve atresia 7544</u>		
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)	
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 <u>2-28</u> , 19 <u>51</u> , to <u>3-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>51</u> , and that death occurred at <u>4:40 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chester P. Signifurles M.D.</u>		23b. ADDRESS <u>1325 S. Grand Ave</u>	
23c. DATE SIGNED <u>3-2-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-2-51</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donke Md</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	
		ADDRESS <u>4228 S. Kingshighway Bl.</u>	

1325 A. Evans

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.....

Edwin A. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No..... *3024*

P. O. Address.....

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.