

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21196
Registrar's No. 5634

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1 | | d. STREET ADDRESS (If rural, give location) 4024 Peck Street 8 | |

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|---|-------------|--------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) STEVE | b. (Middle) | c. (Last) DIRNBECK | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 21 1951 |
|---|-------------|--------------------|---|

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|-------------|------------------------|--|---------------------------------|------------------------------------|------------------------|------------------------|-------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH August 3, 1911 | 9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Mins. |
|-------------|------------------------|--|---------------------------------|------------------------------------|------------------------|------------------------|-------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker | 10b. KIND OF BUSINESS OR INDUSTRY Miss Hullings Cafeteria, | 11. BIRTHPLACE (State or foreign country) Austria | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME John Dirnbeck | 13b. MOTHER'S MAIDEN NAME Mary Lubersbeck | 14. NAME OF HUSBAND OR WIFE Mrs. Mary Dirnbeck, |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Dirnbeck, 4024 Peck Street | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis of heart</i> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>5810</i> |
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22. I hereby certify that I attended the deceased from 6-11-51, 19__, to 6-21-51, 19__, that I last saw the deceased alive on 6-21-51, 19__, and that death occurred at 2:35A m., from the causes and on the date stated above.

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|--|------------------------------------|--------------------------|
| 23a. SIGNATURE <i>Robert C. Dunshoe M.D.</i> (Degree or title) | 23b. ADDRESS 1515 Lafayette Avenue | 23c. DATE SIGNED 6-21-51 |
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| | | | |
|--|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-23-51 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery, | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL JUN 22 1951 | REGISTRAR'S SIGNATURE <i>J. B. Karater</i> | 25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock, 2117 E. Grand Blvd. | ADDRESS |
|---------------------------------|--|---|---------|

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

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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.