

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39773

No. 300
10.48

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0808**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Cert. by *Chas. J. Johnson* 1-4-62

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 township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital 5600 Arsenal St		STREET ADDRESS (If rural, give location) 2927 Sidney St	

3. NAME OF DECEASED (Type or Print) a. (First) ALMA b. (Middle) STEPHEN B. c. (Last) STEINER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3-9-1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Fred Schalok	13b. MOTHER'S MAIDEN NAME Hermine Sachse	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alma Brown	ADDRESS 206 N. 14th. Herrin Ill
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Localized Bile and Peritonitis ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 weekx
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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? 586x
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22. I hereby certify that I attended the deceased from **10-27-47** to **11-6-**, 1951, that I last saw the deceased alive on **11-6**, 1951, and that death occurred at **2:15p.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Chas. J. Johnson</i>	(Degree or title) D	23b. ADDRESS 5400 Arsenal Street	23c. DATE SIGNED 11-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-10-1951	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) 7901 Gravois Ave Mo
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DATE REC'D BY LOCAL REG. NOV 8	REGISTRAR'S SIGNATURE <i>Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ziegenfuss Bros</i>	ADDRESS 6409 Gravois Ave
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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.....
Student Embalmer

Signed.....

Van M. Sizemore

Licensed Embalmer No. *04343*

P. O. Address *St. Louis 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.

39113-51

VITAL STATISTICS

THE DIVISION OF HEALTH OF MISSOURI
Department of Public Health and Welfare

State File No. _____
Local Registrar's No. 9898

of Illinois
County of St. Clair

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of September, 1964, before me appears _____

ALMA B. STEINER (Daughter) who, upon her oath, states that the original record of birth death

Alma B. Steiner (MY MOTHER) ^{BORN} Nov. 6, 1951, 19____, in the State of
Missouri and which was filed at Jefferson City, Missouri ^{died} Nov. 10, 1951 on _____, 19____, should be corrected as follows:

Item No. 3 should read Alma B. Steiner
Instead of _____ Alma Steiner

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant x Alma B. Steiner (Brown)
Daughter
Relationship.

MARISSA, Illinois
Present Address.

described and sworn to before me this 27th day of September, 1964.

Commission expires Sept 3, 1965 _____ Notary Public.