

40310

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 24 1951

BIRTH NO.		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3593</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4000</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) OR TOWN <u>Ellisville</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2069</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUNSET SANATORIUM</u>				d. STREET ADDRESS (If rural, give location) <u>5621 ST. LOUIS</u> <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u> b. (Middle) <u>LOUIS</u> c. (Last) <u>STEINBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4, 1951</u>					
5. SEX <u>Male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 31, 1948</u>		9. AGE (In years, birth day) <u>3 yrs</u>	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Sidney Steinberg</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Sapot</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 name of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sidney Steinberg</u>		ADDRESS <u>5621 St. Louis</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>bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Verticillitis</u> DUE TO (c) <u>Kasab Kay-Sac</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 wks</u> <u>Yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0561</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) m.		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>11-13</u> , 19 <u>49</u> , to <u>11-4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-4</u> , 19 <u>51</u> , and that death occurred at <u>8: P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Hallie Phinberger</u>			23b. ADDRESS <u>654 N. Kirkwood Rd.,</u> <u>Kirkwood 22, Mo.</u>			23c. DATE SIGNED <u>11-4-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/5/51</u>	24c. NAME OF CEMETERY OF CREMATORY <u>Chona Kadasha</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-5-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Herbert P. ... 4715 The Phoen</u>			

(Licensed Embalmer's Statement to Reverse Side)

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

NO. 300
10-48

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 _____

James P. Anderson
4389
Licensed Embalmer No. _____

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.