

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43348
State File No. 11736
11743
Registrar's No. 11743

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 11736 11743		Registrar's No. 11743							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2119											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (In this place) Years _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. FULL NAME OF HOSPITAL OR INSTITUTION 3736 Cote Brilliant						
d. FULL NAME OF HOSPITAL OR INSTITUTION 3736 Cote Brilliant			1. STREET ADDRESS (If rural, give location) 3736 Cote Brilliant			3. NAME OF DECEASED a. (First) Oscar (Type or Print)			b. (Middle) E.						
c. (Last) Steinbach, Sr			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1951.			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married					
8. DATE OF BIRTH Nov. 9, 1865			9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____		IF UNDER 1 HR. Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Desden, Germany 4			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME Paul Steinbach				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Mrs. Selma Steinbach							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Mrs. Selma Steinbach, 3736 Cote Brilliant				ADDRESS _____			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum								INTERVAL BETWEEN ONSET AND DEATH 1 yr			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Neurothage from lungs								Sudden			
				DUE TO (c) metastasis to lungs											
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. c Neurothage											
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 153X							
22. I hereby certify that I attended the deceased from Aug , 1951, to Dec 29, 1951 , that I last saw the deceased alive on Dec 28, 1951 , and that death occurred at 1:30 P.m. , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Nelson S. Powell M.D.						23b. ADDRESS 2739 N Grand			23c. DATE SIGNED 12-31-51						
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Jan. 2, 1952			24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery			24d. LOCATION (City, town, or county) (State) Wellston, Mo.						
DATE REC'D BY LOCAL REG. JAN 2 1952				REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.				ADDRESS 2161 E. Fair Ave.			

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 _____

Horner W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.