

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10630
Registrar's No. 2462

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALEM</u> <u>8120</u>	
c. LENGTH OF STAY (in this place) <u>50 days</u>		d. STREET ADDRESS (If rural, give location) <u>BOX 299</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICCA</u> b. (Middle) <u>JO.</u> c. (Last) <u>STEINHORST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>13</u> <u>52</u>		
5. SEX <u>1</u> <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>1-24-52</u>		9. AGE (In years last birthday) <u>21</u>		10. MONTHS <u>1</u> DAYS <u>20</u> HOURS <u></u> MIN. <u></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 <u></u>		11. BIRTHPLACE (State or foreign country) <u>SALEM, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>RICHARD STEINHORST</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JO PHELPS</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
--	--	---	--	---	--

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>P. HORGENTHALER</u> ADDRESS <u>5005 KINGS HIGHWAY</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheo-esophageal fistula. CNS Damage</u> INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid 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.			

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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>756.2</u>	

22. I hereby certify that I attended the deceased from 1-26, 1952, to 3-13, 1952, that I last saw the deceased alive on 3-13, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. J. ...</u> (Degree or title)		23b. ADDRESS <u>5005 KINGS HIGHWAY</u>		23c. DATE SIGNED <u>3-13-52</u>	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>	
--	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>MAR 14 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>	
---	--	---	--	--	--

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

J. Wm. Bentley

Licensed Embalmer No.

3637

P. O. Address.....

St. Louis Mo

Signed.....
Student Embalmer

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.