

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11579

State File No. ....

No. 300  
10.48

FILED MAR 19 1952

317

6076 Registrar's No. 247

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Lemay</b> )		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>		<b>4860</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>824 Zeiss</b>				d. STREET ADDRESS (If rural, give location) <b>86 824 Zeiss</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>NATALIE</b>		b. (Middle) <b>****</b>		c. (Last) <b>STEINKISTE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28, 1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 29, 1859</b>	
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>		11. BIRTHPLACE (State or foreign country) <b>Belgium</b>		12. CITIZEN OF WHAT COUNTRY? <b>Nat.</b>	
13a. FATHER'S NAME <b>Peter Verstringer</b>			13b. MOTHER'S MAIDEN NAME <b>Sophias Cromheecke</b>			14. NAME OF HUSBAND OR WIFE <b>Charles</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ed. Wagener 824 Zeiss, Lemay, Mo. 23</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC - MYOCARDITIS</b>		ANTECEDENT CAUSES <b>CHRONIC INTERSTITIAL NEPHRITIS</b>				<b>4 yr</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>CHRONIC INTERSTITIAL NEPHRITIS</b>				<b>3 yr</b>	
		DUE TO (c) <b>OLD-AGE-INFIRMITIES</b>					
II. OTHER SIGNIFICANT CONDITIONS <b>OLD-AGE-INFIRMITIES</b>		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>				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) _____		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 <b>Sept 16, 1943</b> , to <b>Jan 28, 1952</b> , that I last saw the deceased alive on <b>Jan 27, 1952</b> , and that death occurred at <b>10:30P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ch. Briesemeyer, M.D.</b>				23b. ADDRESS <b>762 Lemay Ferry Rd</b>		23c. DATE SIGNED <b>1-29-1952</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 1, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>1800 Lemay Ferry Road</b>	
DATE REC'D BY LOCAL REG. <b>1-30-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hofmeister U. &amp; L. Co. 781 1/2 So. Broadway, St. Louis, Mo. 11</b>			

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 \_\_\_\_\_

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 T. Broadway*

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.