

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4127

State File No.

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 0121

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights, Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>60 days</u> | | d. STREET ADDRESS (If rural, give location) <u>7429 Warner Ave</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reese Nursing Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Steinmeyer</u> c. (Last) <u>Steinmeyer</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1953</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Oct. 25, 1870</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchmaker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Watchmaking</u> | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Am US Ft</u> |
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| 13a. FATHER'S NAME <u>Christ Steinmeyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stein</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>497-20-2567</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Pillman</u> ADDRESS <u>7429 Warner Ave</u> |
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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 | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Cardiac Condition</u> | | |
| | 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. | | <u>4214</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from Dec 11, 1952 to Jan 12, 1953, that I last saw the deceased alive on Jan 12, 1953, and that death occurred at 8:40P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Vincent F. Townsend MD</u> | 23b. ADDRESS <u>3101 Sutton Ave Maplewood Mo</u> | 23c. DATE SIGNED <u>1-14-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 25, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-14-53</u> | REGISTRAR'S SIGNATURE <u>Hugh R. Douthett, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Henke</u> ADDRESS <u>4911 Washington Blvd</u> |
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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 *Fred J. Kramer*

Licensed Embalmer No. *4788*

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.