

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12362

State File No. ....  
Registrar's No. .... 3008

FILED APR 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2079</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5000 Durant Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>7 5000 Durant Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>Edward</b> c. (Last) <b>Steiner Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 18 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 28 1891</b>
9. AGE (In years last birthday) <b>61</b>		10. MONTHS <b>61</b>	11. DAYS <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Linotype Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>	11. BIRTHPLACE (State or foreign country) <b>Chicago, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>1</b>		13a. FATHER'S NAME <b>Louis Steiner</b>	
13b. MOTHER'S MAIDEN NAME <b>Dont Know</b>		14. NAME OF HUSBAND OR WIFE <b>Bernadine Scanlon Steiner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.#1</b>		16. SOCIAL SECURITY NO. <b>494-10-1642</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Bernadine Steiner</b>		17. ADDRESS <b>5000 Durant Ave.</b>	
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) <b>Influenza Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Parkinson's disease</b> DUE TO (c) <b>Diabetes Mellitus</b> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>5 yrs</b> <b>10 yrs</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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>May 1946</b> to <b>Mar 18 1953</b> , that I last saw the deceased alive on <b>Mar 18 1953</b> , and that death occurred at <b>5:10 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or Title) <b>John J. Cullinane</b>		23b. ADDRESS <b>508 N. Howard</b>	
23c. DATE SIGNED <b>3/19/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-21-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 19 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith</b>		ADDRESS <b>Cullinane Bros. 3320 N. Kingshighway</b>	
(Licensed Embalmer's Statement on Reverse Side)			

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

*Fred Frick*

Signed.....

Student Embalmer

Licensed Embalmer No. 3186

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.