

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12646

State File No. ....

FILED APR 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 918

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Lake</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waukegan</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>544 May St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Betty</b> b. (Middle) <b>Jane</b> c. (Last) <b>Steitz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3)26)53</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 27 1924</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auditor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bookkeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Waukegan Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Loren De Woody</b>	13b. MOTHER'S MAIDEN NAME <b>Elsie Schoenke</b>	14. NAME OF HUSBAND OR WIFE <b>Byron W. Steitz</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Loren De Woody</b> ADDRESS <b>Manitowish Wisconsin</b>
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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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain damage and fracture of base of skull - suffered while she was a passenger in an automobile being operated west on Highway 66 which collided with an automobile being operated east - Headon collision</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>operated west on Highway 66 which collided with an automobile being operated east - Headon collision</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>400 8164</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Rural</b> (COUNTY) <b>26</b> (STATE) <b>St. Louis Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3/26/53 2:15 P.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Blunt impact</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <b>Arnold J. Willman</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>3/30/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3)28)53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pine View Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Waukegan Illinois</b>
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DATE REC'D BY LOCAL REG. <b>3-27-53</b>	REGISTRAR'S SIGNATURE <b>Hester R. Damb-M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <b>Collins Funeral Home 1012 3rd St. Chas. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

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.