

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16251

State File No.

FILED MAY 15 1953

318

1003

3949

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS,			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY 4161			
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		d. STREET ADDRESS (If rural, give location) 7021 EDISON AVE			
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE		b. (Middle)		c. (Last) STEIGER	
4. DATE OF DEATH (Month) (Day) (Year) 4/13/53					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 3/25/1863	9. AGE (In years last birthday) 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME JOHN DESMOND		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS FRANK FLORI 3938 a NATURAL BRIDGE AVE	
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) Chronic Myocarditis with Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4-4-53 4-4-53
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221	
22. I hereby certify that I attended the deceased from 4-7-1953, to 4-13-1953, that I last saw the deceased alive on 4-12-1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 7315 Pasadena Blvd		23c. DATE SIGNED 4-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/16/53		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MISSOURI					
DATE REC'D BY LOCAL REG. APR 15 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT -/CARROLL 4600 NATURAL BRIDGE AVE	

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

Albert Mayfield

Licensed Embalmer No. *3977*

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.