

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34125

State File No. ....

9437

FILED OCT 15 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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 OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>3 6648 Marmaduke Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b> b. (Middle) <b>L</b> c. (Last) <b>STEINBRUECK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, 1953</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-13-1902</b>
9. AGE (In years last birthday) <b>51</b>		10. MONTHS <b>3</b>	11. DAYS <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William J. Davis</b>	
13b. MOTHER'S MAIDEN NAME <b>Ida Graff</b>		14. NAME OF HUSBAND OR WIFE <b>Otto B. Steinbrueck</b>	
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>490-36-8642</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Otto B. Steinbrueck, above</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast</b> ANTECEDENT CAUSES <b>will generalized metastases</b> 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.	
19a. DATE OF OPERATION <b>2/2/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>As Above</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>171X</b>	
22. I hereby certify that I attended the deceased from <b>2/1</b> , 1953, to <b>9/29</b> , 1952, that I last saw the deceased alive on <b>Sept 29, 1922</b> , and that death occurred at <b>7:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>George A. Cannon</b>		23b. ADDRESS <b>M.D. University Club Bldg.</b>	
23c. DATE SIGNED <b>10-1-1953</b>			
24a. BURIAL/CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-2-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bark Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>OCT 1 1953</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH, Maplewood 17, Mo.</b>	
ADDRESS			

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 402

P. O. Address Maplewood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.