FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34126

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8725

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri,
b. COUNTY 2249
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 0
d. STREET ADDRESS (If rural, give location) 3141 Osage St., 24

3. NAME OF DECEASED (Type or Print)
a. (First) Julius
b. (Middle) B.
c. (Last) Steiner,

4. DATE OF DEATH (Month) (Day) (Year) September 6, 1953

5. SEX Male, 0
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, 1
8. DATE OF BIRTH November 14, 1890
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper,
10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch, Inc
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adolph Steiner,
13b. MOTHER'S MAIDEN NAME Catherine Boeding,
14. NAME OF HUSBAND OR WIFE Julia D. Steiner,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO. 488-12-1104
17. INFORMANT'S SIGNATURE OR NAME Julia D. Steiner, 3141 Osage St., 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) 331X (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 1953, *to* 9-6, 1953, *that I last saw the deceased alive on* 9-6, 1953, *and that death occurred at* 11:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE B. J. McGinnis (Degree or title) MD
23b. ADDRESS 16 Houghton Village Clayton
23c. DATE SIGNED 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,
24b. DATE 9/9/53
24c. NAME OF CEMETERY OR CREMATORY National Cemetery,
24d. LOCATION (City, town, or county) (State) Jefferson Barrack, Missouri

DATE REC'D BY LOCAL REG. SEP 8 1953
REGISTRAR'S SIGNATURE J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary. **ADDRESS** 2842 Meramec St., St. Louis, 18, Mo.

(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 ..... m

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Loron E. Dency

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.