

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34131

State File No.

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8430**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MO. b. COUNTY 2079	
b. CITY OR TOWN St. Louis, MO.		c. CITY OR TOWN St. Louis, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home		d. STREET ADDRESS (If rural, give location) 4853 Penrose St.	
3. NAME OF DECEASED a. (First) Mary (Type or Print)		b. (Middle) M. c. (Last) Steuber	
4. DATE OF DEATH Aug. 30th, 1953		5. SEX Female	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 19th, 1879		9. AGE (In years last birthday) 74	
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) Floraville, Ill. /		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Peter Gerhardt		13b. MOTHER'S MAIDEN NAME Cassie Wedel	
14. NAME OF HUSBAND OR WIFE George W. Steuber		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME George F. Steuber	
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, asthma, 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) DUE TO (b) DUE TO (c)		I. <i>Angrene (dry) left arm 1 wk</i> <i>Embolus (left iliac artery)</i> <i>Arteriosclerotic W. disease</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <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) 420.0	
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?		22. I hereby certify that I attended the deceased from <i>Aug 24, 1953</i> to <i>Aug 26, 1953</i> , that I last saw the deceased alive on <i>Aug 26, 1953</i> and that death occurred at <i>9:15 P. M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Bohli Ed. M.D.</i>		23b. ADDRESS <i>508 N. Grand</i>	
23c. DATE SIGNED <i>Aug 31</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE <i>9/2/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kraeger-Fenwick</i>	
DATE REC'D BY LOCAL REG. AUG 31 1953		ADDRESS <i>3402 N. Kingshighway</i>	

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

Thomas K. Lemwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kingsley

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.