

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9559

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Jennings</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>6 months</u>		e. STREET ADDRESS (If rural, give location) <u>2545 Oepts Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Steiner</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>October 4 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 16, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 Wk. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Curtis Wright</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adolph Steiner</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Bording</u>	14. NAME OF HUSBAND OR WIFE <u>Hilda Steiner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497 03 4084</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Steiner</u>	ADDRESS <u>2545 Oepts</u>
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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, ashenia, 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) <u>Pseudo bulbar paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalopathy due to repeated trauma</u> DUE TO (c) <u>0.K. Joseph M. Trauma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>o.K. Joseph M. Trauma</u> <u>copy 10/7/53</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Curtis Wright Corp</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis E962X MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 73 1948 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accident at work in 1943</u>
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22. I hereby certify that I attended the deceased from Aug 10, 1944, to Oct 4, 1953, that I last saw the deceased alive on Oct 3, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alcester, M.D.</u>	23b. ADDRESS <u>325 Grand Blvd St. Louis</u>	23c. DATE SIGNED <u>Oct 6/53</u>
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24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify)	24b. DATE <u>Oct. 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 6 1953</u>	REGISTRAR'S SIGNATURE <u>J. Cash Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bochholz Koeller</u>	ADDRESS <u>5967W. Florissant</u>
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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 *Walter H. Braddock*

↓ Licensed Embalmer No. *755*

P. O. Address *St. Louis*

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.