

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44814**

No. 300
10.48

FILED JAN 4 - 1954

How

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

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 3305
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) Moline Township		c. LENGTH OF STAY (In this place) 3 weeks	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 10168 Winkler Drive		e. STREET ADDRESS (If rural, give location) 4114a N. 20th Street 2099		
3. NAME OF DECEASED (Type or Print) Ella Steinbrugge		a. (First)	b. (Middle)	c. (Last)
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 6, 1890		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick Pueser		
13b. MOTHER'S MAIDEN NAME Clara Schutte		14. NAME OF HUSBAND OR WIFE Edward Steinbrugge		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Steinbrugge 4114a N. 20th Street
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum ANTECEDENT CAUSES 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. 154 X		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 9-20-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma Rectum (Abdominal peritoneal Reaction)		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)		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 Sept. , 19 52 , to Dec , 19 53 , that I last saw the deceased alive on Dec 20 , 19 53 , and that death occurred at 10:20 A.M. , from the causes and on the date stated above.				
22a. SIGNATURE (Degree or title) Henry G. Harrett M.D.		23b. ADDRESS 607 N. Grand B.P.		23c. DATE SIGNED 12-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-53		24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street		
DATE REC'D BY LOCAL REG. 12/24/53		REGISTRAR'S SIGNATURE Herbert R. Spahr M.D.		

(Signed Embalmer's Statement on Reverse Side)

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *432*.....

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