

STANDARD CERTIFICATE OF DEATH

State File No. **14322**

No. 300
10-48

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **920**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (In this place) 4 YEARS		d. STREET ADDRESS (If rural, give location) 7260 Dartmouth Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7260 Dartmouth Ave.		d. STREET ADDRESS (If rural, give location) 7260 Dartmouth Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) SOL	b. (Middle)	c. (Last) STEINBACK	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1954
-------------------------------------	-----------------------	-------------	----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30, 1913	9. AGE (In years) (Month) (Day) (Hours) (Min.) 40 3 14
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Womens Wear	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Sam Steinback	13b. MOTHER'S MAIDEN NAME Anna Nudelman	14. NAME OF HUSBAND OR WIFE Dorothy Millman Steinback
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sol Steinback-7260 Dartmouth
--	--	--

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 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **April 19, 1954**, to **April 19, 1954**, that I last saw the deceased alive on **April 19, 1954**, and that death occurred at **2:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam Medina MD	23b. ADDRESS 4652 Maryland	23c. DATE SIGNED 4/19/54
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/21/54	24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 4-19-54	REGISTRAR'S SIGNATURE Herbert R. Donike M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar
---	---	---

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
Student Embalmer

Signed

Peter B. Dubraville

Licensed Embalmer No.

3691

P. O. Address

Hoover Ave

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.