

FILED JUL 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **21312**
Registrar's No. **5708**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place) 4 YR	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: 3139 TAMM		e. STREET ADDRESS (If rural, give location) 3 3139 TAMM 20390	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) C c. (Last) STEINMETZ		4. DATE OF DEATH (Month) (Day) (Year) 6 25 54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-25-1905 49
9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER	10b. KIND OF BUSINESS OR INDUSTRY OFFICE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO
		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME OSCAR G. STEINMETZ	13b. MOTHER'S MAIDEN NAME OLIVIA TENDICK	14. NAME OF HUSBAND OR WIFE ARETHADEL STEINMETZ
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE 494-01-2568	17. INFORMANT'S SIGNATURE OR NAME ARETHADEL STEINMETZ	ADDRESS 3139 TAMM
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		Heart Stroke Coronary Sclerosis	
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 4201F	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) Home	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? EGG

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:44 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner	23b. ADDRESS 1300 Clark St.	23c. DATE SIGNED 6.25.54.
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-28-54	24c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS - CO - MO
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DATE REC'D BY LOCAL REG. JUN 25 1954	REGISTRAR'S SIGNATURE J. A. Smith	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH	ADDRESS MAPLEWOOD 17-MO.
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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.....

Licensed Embalmer No. 402

P. O. Address Maplewood

**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.**