

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

R#7699  
SC#1994786

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 32

1. PLACE OF DEATH  
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff

c. CITY OR TOWN Poplar Bluff d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital e. STREET ADDRESS (If rural, give location) 924 Butler Street

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) H. c. (Last) Steinmetz 4. DATE OF DEATH (Month) (Day) (Year) November 11, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 1-28-97 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10b. KIND OF BUSINESS OR INDUSTRY Retail 11. BIRTHPLACE (City and State or Foreign Country) Washington, Iowa 12. CITIZENRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Martin Steinmetz 13b. MOTHER'S MAIDEN NAME Mary Ann Nash 14. NAME OF HUSBAND OR WIFE Leora Steinmetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 16. SOCIAL SECURITY NO. 491305335 17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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 (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_ m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I VA attended the deceased from Nov 5, 1954, to Nov 11, 1954, that ~~the deceased died~~ and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harry J. Price (Degree or title) Chf Medical Service VA Hospital, Poplar Bluff, Mo. 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED 11-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-13-54 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) Poplar Bluff Butler

DATE REC'D BY LOCAL REG. 11/13/54 REGISTRAR'S SIGNATURE R. J. Steinmetz 25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch ADDRESS Poplar Bluff Mo.

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

RECEIVED

DEC 6 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... 11-11-54 ..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Phil A. Leuchter* .....

Licensed Embalmer No. 290 .....

P. O. Address *Jayles Bluff* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.