No. 300
10-48

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44346

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2866

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Meramec Township
c. LENGTH OF STAY (in this place) 81 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None, Smith School Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St.Louis
c. CITY OR TOWN Rural, Smith School Road & Pond Rd.
d. Is Residence within limits of a city or incorporated town? NO Yes ☐ No ☒ 4000
STREET ADDRESS Smith (If rural, give location) School Road near Pond Road

3. NAME OF DECEASED (Type or Print)
a. (First) August
b. (Middle) -----
c. (Last) Steines

4. DATE OF DEATH (Month) (Day) (Year) Dec. 11-1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Jan.30-1873
9. AGE (In years last birthday) 81 — 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) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and State or Foreign Country) St.Louis Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred W.Steines
13b. MOTHER'S MAIDEN NAME Johana Von-Gruben
14. NAME OF HUSBAND OR WIFE Ellen Migneron Steines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter C.Steines, Glencoe, Mo. R.1.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Mitral & Aortic~~ Aorte — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Cardiac dilatation
DUE TO (b) Mitral & Aortic incompetence — 4 days
DUE TO (c) Myocardosis; Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, Parkinsonianism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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 OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 5, 1954, *to* Dec. 11, 1954, *that I last saw the deceased alive on* Dec. 11, 1954, *and that death occurred at* 7:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ralph W. Laffey, D.O.
23b. ADDRESS Box 312, Manchester
23c. DATE SIGNED 12/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec.14-1954
24c. NAME OF CEMETERY OR CREMATORY Bethel
24d. LOCATION (City, town, or county) (State) Pond Missouri

DATE REC'D BY LOCAL REG. 12/13/54
REGISTRAR'S SIGNATURE Herbert R. Somkemp
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Balwin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 458

P. O. Address Baldwin,

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