

XC-1648 515

Reg. #6408  
SL #4596

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13928

State File No. ....

BIRTH NO. ....

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3732**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Town 915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>82 days</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		STREET ADDRESS <b>2165 Linton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Herman</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Steube</b>	(Month) (Day) (Year) <b>April 27, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>9/20/91</b>
9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry Steube</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Schwartz</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>WW-1 494-10-5975</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Henry Osterwisch, 2165 Linton Ave VA Hosp. Records, St. Louis, Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF LUNG, RIGHT LOWER LOBE WITH METASTASES TO BRAIN</b> ANTECEDENT CAUSES: <b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Infarction of left Parietal lobe of brain</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>due to thrombosis of left middle Cerebral Artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>163X</b>	
22. I hereby certify that I attended the deceased from <b>2/4</b> , 19 <b>55</b> to <b>4/27</b> , 19 <b>55</b> , and that death occurred at <b>1:10 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H.F. Westphaelinger</b>		23b. ADDRESS <b>VA Hosp., St. Louis, Mo.</b>	23c. DATE SIGNED <b>4/27/55</b>
24a. BUREAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 30, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>
DATE REC'D BY LOCAL REG. <b>APR 27 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b>	

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 *W. Goodburnley*  
Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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