No. 300
10-48

XC-18 848 950
R.#12505 SL-6606
FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38927

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10241

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN ST.LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 16 3707 Keokuk, St.Louis, Mo.

2/6/9

3. NAME OF DECEASED (Type or Print)
a. (First) Edwin
b. (Middle) L.
c. (Last) Stienhans

4. DATE OF DEATH (Month) (Day) (Year) 11/22/55

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 8/1/86
9. AGE (In years last birthday) 69 — 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) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Electrical
11. BIRTHPLACE (City and State or Foreign Country) Troy, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred W. Stienhans
13b. MOTHER'S MAIDEN NAME Wilmenia Struckhoff
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 491-14-6311
17. INFORMANT'S SIGNATURE OR NAME VA Hosp.Records,St.Louis 6, Mo. — ADDRESS

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) Myocardial infarction — 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.

DUE-TO (b) Generalized & coronary arteriosclerosis

DUE TO (c) Aspiration, pneumonia — 1 day

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 420.1
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* 11/21, 1955, *to* 11/22, 1955, *and that death occurred at* 10:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE O. T. KAMINSKAS (Degree or title) M.D.
23b. ADDRESS VAH, 915 N.Grand,St.Louis,Mo.
23c. DATE SIGNED 11/22/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-25-55
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. NOV 23 1955
REGISTRAR'S SIGNATURE J. Carl Smith MD
MJS
25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave. — ADDRESS
(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. No

working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 34

P. O. Address St. Lou

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.