

300
48

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42655
10749

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____ REG. DIST. NO. _____ Registrar's No. _____

WRITE PLAINLY—USING 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 <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (In this place) <u>YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pronounced Dead City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6407 LLOYD AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>LEO</u> c. (Last) <u>STEIGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 6, 1955</u>
--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 23, 1896</u>	9. AGE (In years last birthday) <u>59</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	--	---	----------------------------	--------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILK DISTRIBUTION</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DAIRY COMPANY</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	---	--

13a. FATHER'S NAME <u>JOSEPH STEIGER</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>HARRIET STEIGER</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give year or dates of service) <u>W.W.I</u>	16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS HARRIET STEIGER</u>	ADDRESS <u>6407 LLOYD AV.</u>
---	--	--	-------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Bilateral Hemiparesis;</u>	Subdural Hemorrhage;		
ANCECEDENT CAUSES	Multiple fractures suffered when struck by unknown car operated by unknown driver in vicinity of Grand		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 <u>Grand Chateau, approx 500 yds, Dec 6 1955.</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. CITY, TOWN, OR TOWNSHIP (If rural, give county) <u>St Louis Mo</u>	(STATE) <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 6 55 5pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>25</u>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James M Kelly</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>12-8-55</u>
-------------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>DEC. 9, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>DEC 8 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Croghan</u>	ADDRESS <u>7146 MANCHESTER AV.</u>
--	--	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side) ST. LOUIS, 17, 110.

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

Student Embalmer

Signed

Ronald O. Yankke

Licensed Embalmer No.

13917

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.