

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43072

State File No.

FILED DEC 22 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2890

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. LENGTH OF STAY (In this place) <u>2 mos</u>	c. CITY OR TOWN <u>Manchester</u> <u>4740</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest #2</u>		e. STREET ADDRESS (If rural, give location) <u>Pine Crest Home #2</u>	

3. NAME OF DECEASED (Type or Print) <u>Leo</u>	a. (First) <u>Leo</u>	b. (Middle) <u>A.</u>	c. (Last) <u>STEINER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1955</u>
--	-----------------------	-----------------------	--------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH* <u>July 31, 1890</u>	9. AGE (In years last birthday) <u>65</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Chas T. Steiner</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine J. Hirner</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes #1</u>	16. SOCIAL SECURITY NO. <u>495-34-2353</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henrietta Gift, Lemay 23, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>SENILITY</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC NEPHRITIS 4221</u>			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 1, 1955, to Dec. 11, 1955, that I last saw the deceased alive on Dec. 10, 1955, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. R. Loving, M.D.</u> (Degree or title)	23b. ADDRESS <u>BALLWIN, Mo.</u>	23c. DATE SIGNED <u>12-12-55</u>
--	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12-12-55</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Rombo MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co., 7420 Michigan Ave.</u>	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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. A. Peterson*.....

Licensed Embalmer No. *376*

P. O. Address *7420 M*

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.