No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1956

State File No. 3210

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54 Registrar's No. 219

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 40 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co. Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: ST. Louis
c. CITY OR TOWN: Ferguson 4119 O
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 305 Harrison Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): E.
c. (Last): STEIMANN SR.

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 22 1956

**5. SEX**: Male C
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 27, 1896
**9. AGE** (In years last birthday): 59 — 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): Maintenance Man-Hardware
**10b. KIND OF BUSINESS OR INDUSTRY**: Insurance Co.
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo. D
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Charles Steimann
**13b. MOTHER'S MAIDEN NAME**: Magdalena Hug
**14. NAME OF HUSBAND/OR WIFE**: Sue Steimann

**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.**: 493-09-7520
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: William E. Steimann Jr. 305 Harrison

**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: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart Disease — 3 yrs
DUE TO (c):

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**: None 4200
**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* Dec 15, 1955, *to* Jan 22, 1956, *that I last saw the deceased alive on* Jan 22, 1956 *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or Title): M D Johnson M D
**23b. ADDRESS**: Ferguson Mo
**23c. DATE SIGNED**: 1-23-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan. 26, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: St. Peters Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

**DATE REC'D BY LOCAL REG.**: 1-24-56
**REGISTRAR'S SIGNATURE**: Herbert R. Donkel MD
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard W. Storrs

Licensed Embalmer No. 400.

P. O. Address .....

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.