

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7260

State File No.

FILED MAR 5 1956
BIRTH NO. 83603-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1903

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 <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4519 Davison Ave</u>		e. STREET ADDRESS (If rural, give location) <u>4519 Davison</u>	
3. NAME OF DECEASED a. (First) <u>Joyce</u> b. (Middle) <u>Marie</u> c. (Last) <u>Steiner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct 22 1955</u>
9. AGE (In years last birthday) <u>4</u>		10. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Steiner</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice K. Copeland</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John W. Steiner</u> ADDRESS <u>4519 Davison</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitial Pneumonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>525X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>Oct. 22, 1955</u> to <u>Feb. 22, 1956</u> that I last saw the deceased alive on <u>Feb. 20, 1956</u> , and that death occurred at <u>4 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>N. J. Honch</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>8902 Riverview Blvd</u>	
23c. DATE SIGNED <u>2-22-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis 15 Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 23 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> MO	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Stygar & Son</u>		ADDRESS <u>554 Riverview</u>	

m JB

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J.M. Rister*

Licensed Embalmer No. *398*

P. O. Address *St. Louis*

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