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FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18704

State File No.

318

1003

Registrar's No. 5122

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Chronix Hosp				d. STREET ADDRESS (If rural, give location) 13. 5800 Arsenal			
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) c. (Last) Steer			4. DATE OF DEATH (Month) (Day) (Year) May 27 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 22 1873		9. AGE (In years last birthday) 82	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Cole			13b. MOTHER'S MAIDEN NAME Mary Soby		14. NAME OF HUSBAND OR WIFE Thomas Steer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Bromschwig 1621 So 18th			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of Right Shoulder and Right Hip; Generalized Arterio Sclerosis; suffered fall in Hall at City Infirmary, on April 27th						INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. Arterio Sclerosis; suffered fall in Hall at City Infirmary, on April 27th						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1956				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Infirmary		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. Apr 27 7		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? sed			
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 9:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE James M. Kelly (Degree or title) Physician				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May 29 56	24c. NAME OF CEMETERY OR CREMATORY Missouri Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo		
DATE REC'D BY LOCAL REG. MAY 28 1956		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette			

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
Student Embalmer

Signed

Thomas R. Jewnik

Licensed Embalmer No. 3793

P. O. Address 3125 Logansville

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