

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19228

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1119

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) Olivette		c. LENGTH OF STAY (In this place) 52 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Olivette 4800			
d. FULL NAME OF HOSPITAL OR INSTITUTION 9532 Old Bonhomme Road				d. STREET ADDRESS (If rural, give location) 9532 Old Bonhomme Road			
3. NAME OF DECEASED (Type or Print) a. (First) Adelia			b. (Middle) Steinmeyer			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 1, 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 15, 1885		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Lischer		13b. MOTHER'S MAIDEN NAME Sophie Lischer		14. NAME OF HUSBAND OR WIFE William A.F. Sr. Dcd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norma Steinmeyer 9532 Old Bonhomme			
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) Myocarditis, Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis, Chronic, Infective DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH Years 11	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 4222 (COUNTY)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May, 1945 , to May 1, 1956 , that I last saw the deceased alive on April 27, 1956 , and that death occurred at 2:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alfred M. Langenbrun M.D.				23b. ADDRESS 6200 Hoffman		23c. DATE SIGNED May 2, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-4-1956		24c. NAME OF CEMETERY OR CREMATORY Immanuel Luth Cem.		24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.	
DATE REC'D BY LOCAL REG. 5-6-56		REGISTRAR'S SIGNATURE Herbert R. Donby, MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 2504 Woodson Rd - Overland, Mo.			

(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
Student Embalmer

Signed.....

Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.