

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22462

State File No.

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ST. GENEVIEVE</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>LIFE</u>		e. STREET ADDRESS (If rural, give location) <u>ST. GENEVIEVE MO RR#20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. GENEVIEVE MO. RR#2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>STEIGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 19 1897</u>	9. AGE (In years - last birthday) <u>59</u>	10. IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TABERN OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. GENEVIEVE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>GEORGE STEIGER</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE KELLER</u>	14. NAME OF HUSBAND OR WIFE <u>VERONICA FIGG</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR I</u>	16. SOCIAL SECURITY NO. <u>492-03-4749</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Veronica Steiger</u> ADDRESS <u>St. Genevieve, MO RR#2</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR ACCIDENT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>32 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOMYOPATHY</u>		
	DUE TO (c) <u>ARTERIO-SCLEROSIS</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 December 19 55, to July 3 1956, that I last saw the deceased alive on July 3 1956, and that death occurred at 3:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. N. De Senneville</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Genevieve, Mo</u>	23c. DATE SIGNED <u>7-5-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 6 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH</u>	24d. LOCATION (City, town, or county) (State) <u>ZELL MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 6, 1956</u>	REGISTRAR'S SIGNATURE <u>Quill Barber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rec Barber</u> ADDRESS <u>St. Genevieve Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 29 1958

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 *Adrian J. Fuller*
Licensed Embalmer No. *4740*

P. O. Address *St. Joseph*

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.