

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25271

State File No. 5863
Registrar's No.

FILED JUL 20 1956

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. 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) 1 day		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital			e. STREET ADDRESS (If rural, give location) 2 4342 Gertrude Ave.			20210					
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle) A.		c. (Last) Steinmeyer		4. DATE OF DEATH (Month) (Day) (Year) June 19 1956		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 11, 1899		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) E. St. Louis, Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME (Unk'n) Shatlain				13b. MOTHER'S MAIDEN NAME Anna (Unk'n)				14. NAME OF HUSBAND OR WIFE Theodore C. Steinmeyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No				16. SOCIAL SECURITY NO. 498-22-6511		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore C. Steinmeyer 4342 Gertrude Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Pneumonia, right middle and upper lobes, Broncho pneumonia</i>								
			ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Chills with abscess of axillaries.</i>								
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pleural Cavity, right, pneumonia with pleurisy.</i>								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <i>491X</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE			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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:45</i> p.m., from the causes and on the date stated above.											
23a. SIGNATURE <i>James M. Kelly</i>						23b. ADDRESS <i>1300 Clark</i>			23c. DATE SIGNED <i>6.21.56</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24b. DATE <i>June 23, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Picker Cemetery</i>			24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>JUN 21 1956</i>			REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Hoffmeister Colonial Mortuary</i>			ADDRESS <i>6464 Chippewa St. Louis, Mo.</i>		

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

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(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 *Will C. Brannon*.....

Licensed Embalmer No. *4765*

P. O. Address *St. Louis, Mo.*

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.