

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44398

FILED JAN 7 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3044

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oakville, Mo.		c. CITY OR TOWN Lemay 23, 4860	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baumgartner Rd. & Telegraph		d. STREET ADDRESS (If outside, give location) 2565 Telegraph	

3. NAME OF DECEASED (Type or print) First Middle Last William J. Steinmetz			4. DATE OF DEATH Month Day Year Dec. 24, 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1940	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William A. Steinmetz			14. MOTHER'S MAIDEN NAME Rosemary Hasen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unk.		17. INFORMANT Address Wm. A. Steinmetz 2565 Telegraph, Lemay 23, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia as a result of external compression, compatible with being pinned by automobile			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 32			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Passenger in car, of which driver lost control and skidded off an icy bridge, left roadway and struck a tree, pinning him in the car		
20c. TIME OF INJURY Hour Month, Day, Year 8:30 P.M. 12/24/56			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) public road	20f. CITY, TOWN, OR LOCATION Rural 400 St. Louis	COUNTY STATE Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **9 15 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Arnold J. Williams</i> (Degree or title) Croner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 12/27/56
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-28-56	23c. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery	23d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. 12-26-56	26. REGISTRAR'S SIGNATURE <i>Herbert B. Dombek</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

Health, Welfare, Police, Justice

P2.

County Hosp.

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 *David Van Tassan*
.....

Licensed Embalmer No. *4*

P. O. Address *St. Louis*

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