

FILED JUL 16 1957

## STANDARD CERTIFICATE OF DEATH

26601  
STATE FILE NUMBERRegistration District No. **318** Primary Registration District No. **1003** Registrar's No. **6239**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <b>Missouri</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				Length of stay in lb <b>1 month</b>		b. COUNTY <b>St. Louis</b>	
3. NAME OF DECEASED (Type or print) <b>Dora</b>				First <b>L</b>		Last <b>Steinmann</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>August 4, 1884</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		9. AGE (In years last birthday) <b>72</b>	
13. FATHER'S NAME <b>Charles Spader</b>				14. MOTHER'S MAIDEN NAME <b>Anna Simmer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>William Steinmann, 2051 Switzer</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Rt ovary with metastases</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
						DUE TO (c) <b>175x</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Oct. 4-55</b> to <b>July 5-1957</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>7-4-57</b> Death occurred at <b>2:00 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Ewert Jaraman M.D.</b>				22b. ADDRESS <b>607 N. Grand Blvd.</b>		22c. DATE SIGNED <b>7-5-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 8 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 5 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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factory, coroner, etc. must use embury statement whenever in them 10. NO symptoms will be listed. All diseases in Part I must be usually related. Coroner cannot certify to a death due to natural causes.

USE ONLY Y-BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Walter H. Bunsley* .....  
Licensed Embalmer No. *42*

P. O. Address *Albany* .....

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.