

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006881

STATE FILE NUMBER

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 36

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1900 W. Adams		d. STREET ADDRESS (If outside, give location) 1900 W. Adams St.	
3. NAME OF DECEASED (Type or print) First Middle Last Henry F. Steimel		4. DATE OF DEATH Month Day Year Feb. 6, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 9, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architectural Eng.		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Comm'r	11. BIRTHPLACE (City and state or country) Jackson, Mo.
13a. FATHER'S NAME Albert Steimel		13b. MOTHER'S MAIDEN NAME Susan Kaulhuff	14. NAME OF HUSBAND OR WIFE Catherine Bulmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-14-7531	17. INFORMANT Address Mrs. Henry Steimel, St. Charles, 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) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Feb. 5</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>			10 years
DUE TO (c) <u>Myocardium vascular disease</u>			10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			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 <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 <u>Dec. 21, 1947</u> , to <u>Feb. 6, 1958</u> and last saw her alive on <u>Feb. 5, 1958</u> Death occurred at <u>115 a</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Eugene J. Butz, M.D.</u>		22b. ADDRESS <u>St. Charles, Mo</u>	22c. DATE SIGNED <u>Feb. 7, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 8, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Ch's, Borromeo Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Charles County, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>H.C. Dollreyer &amp; Sons, St. Charles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 7, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Maeella Wilson</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Frank R. Amalona*

Licensed Embalmer No. *4832*

P. O. Address *J. Charles*

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.