

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023001
State No.

FILED JUN 17 1958

BIRTH NO.		REG. DIST. NO. <u>306</u>	PRIMARY REG. DIST. NO. <u>6048</u>	Registrar's No. <u>48</u>
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Peters, rural</u>)		c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY OR TOWN <u>St. Peters</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. east of St. Peters</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED a. (First) <u>Amelia</u> (Type or Print)		b. (Middle) <u>J.</u>	c. (Last) <u>Steiert</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 25, 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u> IF UNDER 12 HRS. Hours <u>Min.</u>	
11a. FATHER'S NAME <u>William Miller</u>		11b. MOTHER'S MAIDEN NAME <u>--- Schwendemann</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12b. SOCIAL SECURITY NO. <u>none</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Miller</u>		13b. MOTHER'S MAIDEN NAME <u>--- Schwendemann</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Steiert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleanore Gibson</u> ADDRESS <u>10 Hortense Pl.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis.</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>4201</u> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>
22. I hereby certify that I attended the deceased from <u>1940</u> , to <u>June 12, 1958</u> , that I last saw the deceased alive on <u>June 12, 1958</u> , and that death occurred at <u>12:30 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Vincent A. Schreiber M.D.</u>		23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>June 13-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 16, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>All Saints Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Peters, Mo.</u>
DATE REC'D BY LOCAL HEALTH DEPT. <u>June 14-1958</u>		REGISTRAR'S SIGNATURE <u>Earl Kautsky</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Stiefvater</u> ADDRESS <u>St. Peters, Mo.</u>

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

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 *E. K. Keating*

Licensed Embalmer No. *822*

P. O. Address *Dallas*

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.