

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034732  
STATE FILE NUMBER 9112

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9112

FILED OCT 3 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. LOUIS		c. CITY OR TOWN St. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 2247 3834 Michigan Av.	
3. NAME OF DECEASED (Type or print) First Middle Last Josef Steinerger		4. DATE OF DEATH Month Day Year Sept. 20 1958	
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 Sept. 10 1880 78
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday)
11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY? U. S. G.	
13. FATHER'S NAME Unk. Steinerger		14. MOTHER'S MAIDEN NAME Unknown	
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. 498-01-9843	
17. INFORMANT Address Cecelia Westermayer 3834 Mich		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobey Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A.S.H.D. DUE TO (c) C.V.D. 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"/>		INTERVAL BETWEEN ONSET AND DEATH 17 hrs	
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.) 443X	
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 9/18/58 to 9/20/58 and last saw her alive on 9/20/58		Death occurred at 7:22 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Name or title) M. H. O.		22b. ADDRESS 40755 Grand	
22c. DATE SIGNED 9/24/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 9-24-58		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		24. FUNERAL DIRECTOR WITH BRO. L. H. O. 2929 S. Jefferson	
25. DATE RECD. BY LOCAL REG. SEP 22 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. B.P.	

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

DR. Klemke

4075 S. Grand

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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.....  
*Harold C. Witt*

Licensed Embalmer No. 43

P. O. Address 2929 S.

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.