Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042303

STATE FILE NUMBER 10556

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSPITAL — Length of stay in Hospital: 15 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1921 ARSENAL ST — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANNA Middle: Last: STEININGER

4. DATE OF DEATH: Month: NOV Day: 2 Year: 1958

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: OCT 27 1890
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): AUSTRIA HUNGARY
12. CITIZEN OF WHAT COUNTRY?: U-S-A

13a. FATHER'S NAME: JOSEPH MADL
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR ~~WIFE~~: FRANK STEININGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: FRANK STEININGER Address: 1921 LEMP

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Cardiac Hypertrophy. — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Arterio-Sclerosis. — 1 1/2 years
DUE TO (c) Pulmonis Cardiac — 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Kidney Arterio-Nephrosclerosis. 442X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 July 1 1957 to Nov. 2. 58 and last saw her alive on Nov 2. 58
Death occurred at 8 30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Julius Rhes Rotter (Degree or title) M.D.
22b. ADDRESS: 2603 Shenkel St.
22c. DATE SIGNED: 11/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV 5 1958
23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM
23d. LOCATION (City, town, or county) (State): ST. LOUIS, MO

24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: NOV 5 '58
26. REGISTRAR'S SIGNATURE: Pearl Smith M.D. M.D.

(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.

PR6-3636

after 3 Monday

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 ..... Signed Samuel C Dill

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2 Gul Grove

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.