

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046363

FILED DEC 24 1958

STATE FILE NUMBER 11721

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

|   |                           |   |  |  |   |
|---|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Illinois b. COUNTY St. Clair |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |                           | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN East St. Louis   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br>14 Jewish Hospital  |                           | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>32 1402 N 42nd  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>FLORENCE STEINMANN  |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>12 4 58  |  |   |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Oct 15, 1910   |  | 9. AGE (In years last birthday)<br>48   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At Home  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>Illinois   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.  |
| 13a. FATHER'S NAME<br>Jacob Packman   |                           | 13b. MOTHER'S MAIDEN NAME<br>Unk  |  | 14. NAME OF HUSBAND OR WIFE<br>Dave Steinman 1402 N 42 |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br>NO NO  |                           | 16. SOCIAL SECURITY NO.<br>Unk  | 17. INFORMANT Address<br>Dave Steinman 1402 N 42nd St.   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of Brain</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Carcinoma of Ovary</u><br>DUE TO (c) <u>175.0</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>metastatic Carcinoma of Lung Liver peritoneum</u> |                           |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 mo<br>6 mo                                      |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>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 August 1958 to 12/4/58 and last saw her alive on 12/4/58<br>Death occurred at 3:15 P on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br>Martin Bergmann MD  |                           |   | 22b. ADDRESS<br>4500 Olive St  |  | 22c. DATE SIGNED<br>12/5/58   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |                           | 23b. DATE<br>12/7/58  | 23c. NAME OF CEMETERY OR CREMATORY<br>Chesed Shel Emeth Cem.   |  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County, Mo.                |
| 24. FUNERAL DIRECTOR ADDRESS<br>Herman Rindskopf Inc. 5216 Delmar   |                           |   | 25. DATE RECD. BY LOCAL REG.<br>DEC 5 '58  |  | 26. REGISTRAR'S SIGNATURE<br>J. Carl Smith, M.D.                                      |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *John Ketter* .....  
Licensed Embalmer No. *3880* .....  
P. O. Address *St. Louis, Mo* .....

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.