

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046848

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 93

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1-57
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1. PLACE OF DEATH a. COUNTY <i>STE. GENEVIEVE</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>STE. GENEVIEVE</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>STE. GENEVIEVE</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>STE. GENEVIEVE</i> 0956 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>176 N MAIN ST</i>		Length of stay in lb <i>18 YRS</i>	d. STREET ADDRESS (If outside, give location) <i>176 N MAIN ST</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>VIOLA</i> Middle <i>ANN</i> Last <i>STEINLE</i>			4. DATE OF DEATH Month <i>DEC</i> Day <i>30</i> Year <i>1958</i>		
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5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 16 1880</i>	9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>WASHINGTON CO, MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>FRANK SUTTON</i>	13b. MOTHER'S MAIDEN NAME <i>ELIZABETH FOREMIE</i>	14. NAME OF HUSBAND OR WIFE <i>JOSEPH STEINLE</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>4221</i>	17. INFORMANT <i>her young daughter St. Mary's Hospital</i> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteria cleruic</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>chronic myocarditis</i>	<i>?</i>
	DUE TO (c) <i>bronchial pneumonia</i>	<i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4221</i>		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.)
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20c. TIME OF INJURY Hour <i>o.m.</i> Month, Day, Year <i>p.m.</i>	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
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21. I attended the deceased from <i>Dec 18, 1958</i> to <i>Dec 30, 1958</i> and last saw her alive on <i>Dec 30, 1958</i> Death occurred at <i>10:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. Lawrence M.D.</i> (Degree or title)	22b. ADDRESS <i>St. Genevieve Mo</i>	22c. DATE SIGNED <i>12/31/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>JAN 2 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SACRED HEART</i>	23d. LOCATION (City, town, or county) (State) <i>020RA MO</i>
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24. FUNERAL DIRECTOR <i>Ree C. Baskin</i>	ADDRESS <i>St. Genevieve Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Jan 1, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Lucille Baskin</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *William J. Ellis*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Dunwoody*

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.