THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002575
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Saint Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Charles — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Length of stay in 1b: 26 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: Rural-Portage twsp. — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): R.R. # 4 — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Magdalen Last: Little
4. DATE OF DEATH: Month Jan. Day 19 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept. 23, 1883
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 3 Days 26 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (City and state or country): West Alton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fred Steinhoff
14. MOTHER'S MAIDEN NAME: Mary C. O'Brien
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: Laverne Weber, Address: Portage des Sioux, Mo

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral thrombosis — 1 year
DUE TO (c): Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Fracture right femur neck 332 xF
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Part II - Slipped off bed
20c. TIME OF INJURY: Hour 11:00 a.m. Month, Day, Year 12-26-58
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.): Home
20f. CITY, TOWN, OR LOCATION: St. Louis COUNTY: St. Louis STATE: Mo
21. I attended the deceased from July 1958, to Jan 19, 1959 and last saw her alive on Jan 18, 1959
Death occurred at 2:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B. J. Canty (Degree or title): M. D.
22b. ADDRESS: St. Charles Mo
22c. DATE SIGNED: Jan 19, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
23d. LOCATION (City, town, or county) (State): Portage des Sioux, Mo.
24. FUNERAL DIRECTOR: H. C. Ballmeyer & Sons, ADDRESS: St. Charles, Mo
25. DATE RECD. BY LOCAL REG.: JAN. 19-59
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..4..

P. O. Address.....

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.