pt. Health,
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004038
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 245

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pasadena Hills — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3988 Roland Blvd. — Length of stay in lb life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis
c. CITY OR TOWN Pasadena Hills 4150 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3988 Roland Blvd. — Reside on Far Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edgar Middle D. Last Steinbruegge
4. DATE OF DEATH Month Day Year Jan.25,1959
5. SEX M. 0
6. COLOR OR RACE W.
7. MARRIED X / NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan.29,1899
9. AGE (In years last birthday) 59 — 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) Pressman, Interstate Printing Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St.Louis,Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Julius Steinbruegge
14. MOTHER'S MAIDEN NAME Anna Cahill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # 1
16. SOCIAL SECURITY NO. 490-01-1971
17. INFORMANT Address Mrs.Lillian Steinbruegge,3988 Roland

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Art. Sclerotic Coronary Thrombosis — 1 day
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus 4201
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.)
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 2-27-42, to 1-25-59 and last saw her/him alive on 1-10-59
Death occurred at 1:15 pm. m on the date stated above; and to the best of my knowledge, from the causes state
22a. SIGNATURE (Degree or title) Carl J. Pers M.D.
22b. ADDRESS 18 S. Kingsbighway
22c. DATE SIGNED 1-26-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan.28,1959
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis,Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. 1-26-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

The funeral director is responsible for securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm S. Salgen

Licensed Embalmer No. 469

P. O. Address 3840 Lund

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.