

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008015

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 317

Primary Registration District No. 600

Registrar's No. 432

Health, Welfare
Public Service

DD
300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Meramec Twshp.		c. CITY OR TOWN Rural Meramec Township 4000	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wild Horse Creek		d. STREET ADDRESS (If outside, give location) Wild Horse Creek Road	
3. NAME OF DECEASED (Type or print) First Rd. Middle Catherine Last Steines		4. DATE OF DEATH Month 2 Day 13 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 19 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lorenz Schlipp		13b. MOTHER'S MAIDEN NAME Margaret Schreiner	
14. NAME OF HUSBAND OR WIFE Herman Steines		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Alvin Steines, Chesterfield, Mo. R	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of Age DUE TO (b) Hardening of Arteries (Arteriosclerosis) DUE TO (c) Arthritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
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.)	
20c. TIME OF INJURY Hour _____ 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 Jan 9 1959 to Feb 12 '59 and last saw her alive on Feb 11th 1959 Death occurred at 5:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leo Goodman M.D. (Degree or title)		22b. ADDRESS Glencoe, Mo.	
22c. DATE SIGNED Feb 13 '59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 2-15-59		23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	
23d. LOCATION (City, town, or county) Pond Mo.		24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.	
25. DATE RECD. BY LOCAL REG. 2-16-59		26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md*

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.