

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011417

STATE FILE NUMBER

CITED MAR 27 1959

Registration District No.

Primary Registration District No.

Registrar No.

2565

300
-57
75
5

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hosp.		d. STREET ADDRESS 3661 Hickory St.	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle C Last STEIMLEY SR.		4. DATE OF DEATH Month March Day 11 Year 1959	
5. SEX male	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 Jan. 29, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plasterer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Kelso, Mo.
13a. FATHER'S NAME Charles Steimley		13b. MOTHER'S MAIDEN NAME Scott	14. NAME OF HUSBAND OR WIFE Clara (deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		SOCIAL SECURITY NO. 498-01-1436	17. INFORMANT Address (16) Joseph Steimley, Jr. 4059 Burgen Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) carcinoma of body of Pancreas & Metastases to liver, lymph nodes and portle lungs			INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (2) chronic bronchitis & emphysema			3-4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (3) generalized arteriosclerosis (4) chronic cholecystitis and cholelithiasis			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 157X	
20c. TIME OF INJURY Hour Month, Day, Year 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 Feb. 28th 1953 to 3-11-59 and last saw ^{her} him alive on 3-10-59 Death occurred at 12:45A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest Younger, M.D.		22b. ADDRESS 3624 Russell	22c. DATE SIGNED 3-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
burial	3-14-59	Memorial Park	St. Louis Missouri.
24. FUNERAL DIRECTOR Fendler Und. Co., 7429 Michigan Ave.		25. DATE RECD. BY LOCAL REG. MAR 13 59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

Dr Ernest Younger
3674 Lincoln Blvd
Rm. 3-6700
99th St. E.
S.E.

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 *W. G. Peterson*

Licensed Embalmer No. ~~7720~~

P. O. Address *7720 Mich*

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.