

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015783

STATE FILE NUMBER  
2 4013

FILED MAY 11 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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600

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PACIFIC</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DEACONESS</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Dewey</u> Last <u>Steinhaus</u> <u>GEO. GEORGE DEWEY STEINHAUS</u>		4. DATE OF DEATH Month <u>APR.</u> Day <u>21</u> Year <u>59</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 2, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTO MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <u>CONCORDIA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>CHAS STEINHAUS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA F. BRINKMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>HELEN STEINHAUS</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>	
16. SOCIAL SECURITY NO. <u>188-26-0981</u>		17. INFORMANT Name <u>Helen Steinhaus Pacific, MO</u> Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-pneumonia, left.</u> DUE TO (b) <u>Bronchitis, chronic</u> DUE TO (c) <u>502.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>Pulmonary emphysema,</u> <u>arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT - SUICIDE HOMICIDE - UNDESCRIBED HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
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	
21. I attended the deceased from <u>Feb. 4, 1959</u> to <u>April 21, 1959</u> , and last saw him alive on <u>April 21, 1959</u> . Death occurred at <u>11:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Birdie Eda M.W.</u>		22b. ADDRESS <u>950 Francis Place</u>	
22c. DATE SIGNED <u>Apr. 23, 59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>APR. 25, 59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>PACIFIC</u>		23d. LOCATION (City, town, or county) (State) <u>PACIFIC, MO</u>	
24. FUNERAL DIRECTOR <u>Mrs. John L. Thibea</u>		25. DATE RECD. BY LOCAL REG. <u>APR 24 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> S.P.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 16. No symptoms will be treated.

MAY 18 1959

MAY 11 1959

JUL 9 1959

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 *Ralph Altman* .....

Licensed Embalmer No. *4808* .....  
P. O. Address *Union, MO* .....

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.