

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038114

FILED VS OCT 19 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8912**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 2 days | c. CITY OR TOWN Glendale Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 21 Nolan Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First JOHN Middle JACOB Last STEIGER | 4. DATE OF DEATH Month Sept. Day 26, Year 1959 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-6-1903 | 9. AGE (last birthday) 56 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired - Dist. Mgr. | 10b. KIND OF BUSINESS OR INDUSTRY Mundet Cork Corp. | 11. BIRTHPLACE (City and state or country) Switzerland | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Jacob John Steiger | 13b. MOTHER'S MAIDEN NAME Elise Schultes | 14. NAME OF HUSBAND OR WIFE Mary C. Steiger |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) Yes | 16. SOCIAL SECURITY NO. 488-10-6567H | 17. INFORMANT Glendale, Mo Address Mary C. Steiger-21 Nolan Dr. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Cerebral hemorrhage | 1 week |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypertensive vascular disease | 5 years |
| | DUE TO (c) 331X | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 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 _____ |
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| 21. I attended the deceased from 1957 to 9-26-59 and last saw her/him alive on 9-25-59 Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Albert J. Gnade M.D. | 22b. ADDRESS 3606 Gravois | 22c. DATE SIGNED 9-28-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 9-28-1959 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| 24. FUNERAL DIRECTOR H. Pitzinger Mort-Kirkwood 22, Mo. | 25. DATE RECD. BY LOCAL REG. SEP 28 59 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Herbert J. Lane Jr.

Licensed Embalmer No. 4200

P. O. Address Highwood St.

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.