

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023796

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 85

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

**FILED JUN 20 1961**

1. PLACE OF DEATH  
 a. COUNTY Vernon  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp Length of stay in lb 314 1tho 6da  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
 a. STATE Mo b. COUNTY St. Louis  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) City Sanitarium Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Nellie Middle ? Last Steinle 4. DATE OF DEATH Month 6 Day 13 Year 61

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-1-91 9. AGE (last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk 10b. KIND OF BUSINESS OR INDUSTRY unk 11. BIRTHPLACE (City and state or country) Rhodehouse, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME unk 13b. MOTHER'S MAIDEN NAME unk 14. NAME OF HUSBAND OR WIFE not married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk 16. SOCIAL SECURITY NO. unk 17. INFORMANT Records State Hospital #3 Address Nevada Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:  
 PART I. IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease (Broncho pneumonia) INTERVAL BETWEEN ONSET AND DEATH Months 6 days  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 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 (a) Schizophrenic Reaction  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 7-1-59 to 6-13-61 and last saw her <sup>her</sup> alive on 6-13-61  
 Death occurred at 11:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 22b. ADDRESS Nevada Mo 22c. DATE SIGNED 6-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) State Anatomical Board 23b. DATE 6-14-61 23c. NAME OF CEMETERY OR CREMATORY Dr. Mildred Trotter 23d. LOCATION (City, town, or county) (State) St. Louis 10, Missouri

24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Missouri ADDRESS 4580 Scott Ave. 25. DATE RECD. BY LOCAL REG. 6-16-1961 26. REGISTRAR'S SIGNATURE [Signature]

**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 L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, N

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.