

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009437

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 632

**FILED MAR 2 1962**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
14000  
24000

DATE AMENDED

3  
4 1  
5 2  
6  
7 0  
8 2  
94200  
10  
11  
12 90-0  
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Town &amp; Country</b>  |   | c. CITY OR TOWN <b>Town &amp; Country</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>#11 Country Aire</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>#11 Country Aire</b>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>LILLIAN A. STEIMKE</b>  |   | 4. DATE OF DEATH<br><b>February 20, 1962</b>  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov 28 1885</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |
| 13a. FATHER'S NAME<br><b>Edward Drach</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sybil Bermell</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Henry D. Steimke - dec'd.</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT <b>Town &amp; Country (91) Mo.</b><br><b>Mrs. Ruth S. Michel, #11 Country Aire</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Immediate</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic heart disease</b>   |   |   | <b>years.</b>   |
| DUE TO (c)   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.<br><b>Diabetes mellitus</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |   | 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 <b>Jan 28, 1962</b> to <b>Feb 20, 1962</b> and last saw her alive on <b>Feb 3, 1962</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><b>Frank E. Eck M.D.</b> (Degree or title)   |   | 22b. ADDRESS<br><b>950 Francis Pl.</b>  |   |
| 22c. DATE SIGNED<br><b>Feb 22, 1962</b>  |   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |   | 23b. DATE<br><b>Feb. 22, 1962</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>C.R. LUPTON &amp; SONS, St. Louis (30) Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-22-62</b>  |   |
|  |   | 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy M.D.</b>   |   |

Dr. Burkle Eck  
950 Francis, Pl

THURS 9:00 AM - 2:00 PM  
COURTY

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 Arnold W. Schoene

Licensed Embalmer No. 3864  
P. O. Address St. Louis, 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.