

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017801

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 29  
**FILED MAY 9 1962**

VS 300  
Rev. 4/59

1090  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Warren</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Warren</b>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Elkhorn township</b>  |  | Length of stay in lb<br><b>1/2 hour</b>   | c. CITY OR TOWN <b>Warrenton</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>S.W. of Warrenton</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>206 E. Oaklawn</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Herbert Anton Steinbach</b>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 3, 1962</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-3-1930</b>   |
| 9. AGE (last birthday)<br><b>31</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machine operator</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Heavy equipment</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Warrenton, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>Anton J. Steinbach</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Ellen Windmann</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Irma Kaluca Steinbach</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>yes 1952 to 1960</b>  |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |  |
| 17. INFORMANT<br><b>Mrs. Irma Steinbach</b>   |  | Address <b>206 E. Oaklawn Warrenton, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gun shot wound in head</b><br><b>38 Cal. revolver</b><br><b>(Wound of course gun).</b><br>DUE TO (b) <b>Self-inflicted gun shot wound</b><br>DUE TO (c) <b>Self-inflicted gun shot wound</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>None</b>  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Self-inflicted gun shot wound</b>                        |  |
| 20c. TIME OF INJURY<br>Hour <b>3</b> a.m. <b>10-30</b> p.m. Year <b>62</b>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Enclosed grounds Warrenton, Mo.</b>  |  | 20f. CITY, TOWN, OR LOCATION<br><b>Warrenton</b>  | COUNTY<br><b>Warren</b>  |
| 20f. CITY, TOWN, OR LOCATION<br><b>Warrenton</b>  |  | STATE<br><b>Mo.</b>   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>10:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>F.H. Knigge D.C. (Coroner)</b>   |  | 22b. ADDRESS<br><b>Warrenton, Mo.</b>   | 22c. DATE SIGNED<br><b>May 6-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | DATE<br><b>5-6-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>City Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Warrenton, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>5/7/62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |

USE BLACK INK OR TYPEWRITER RIBBON

MAY 15 1962

MAY 10 1962

**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 John Stieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.