MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021039

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4697 STATE FILE NUMBER

FILED MAY 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Alexian Bros. Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri, b. COUNTY
c. CITY OR TOWN: St. Louis, — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1911a President St., — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Otto, Middle J., Last Steinbrenner II
4. DATE OF DEATH: Month May, Day 5, Year 1962
5. SEX: Male.
6. COLOR OR RACE: White,
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/28/1899
9. AGE (last birthday): 63 — 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): Tool Maker
10b. KIND OF BUSINESS OR INDUSTRY: Retired 4 Years
11. BIRTHPLACE (City and state or country): St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Steinbrenner,
13b. MOTHER'S MAIDEN NAME: Victoria Uhl,
14. NAME OF HUSBAND OR WIFE: Marie I. Steinbrenner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie I. Steinbrenner, Address: 1911a President St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Carcinoma generalized
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ca of prostate
DUE TO (c): 177X
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)

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 Nov 1960, to 5 May 62 and last saw her/him alive on 5 May 62
Death occurred at 2:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Louis J Ritzow MD
22b. ADDRESS: 3654 So Grand
22c. DATE SIGNED: 7 May

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal.
23b. DATE: 5/9/62
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery,
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri,

24. FUNERAL DIRECTOR — ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.
25. DATE RECD. BY LOCAL REG.: MAY 8 1962
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, 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.