

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 1003 11896 -62-048766
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
1	
2	202
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4	1
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12	74-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED DEC 21 1962

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 day	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5319 Quincy Street			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Johanna E. Steeger			4. DATE OF DEATH Month Day Year Dec. 10, 1962			5. SEX Female		6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-16-79		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Balthausen Meunch			13b. MOTHER'S MAIDEN NAME Carolyn Rey			14. NAME OF HUSBAND OR WIFE Oscar Steeger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Homer Owsley, Sr., 5319 Quincy, St. Louis				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis (massive)</i> <i>Arterio sclerosis - generalized</i> DUE TO (b) <i>332X</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>12-11-62</i>						INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i>			
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.)					
20c. TIME OF INJURY Hour a.m. p.m.		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 <i>10/9/62 - 12/13/62</i> and last saw her <i>12/9/62</i> Death occurred at <i>St. Johns Hospital</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>O. F. [Signature]</i>			22b. ADDRESS <i>18 S. Kingshighway</i>			22c. DATE SIGNED <i>12/12/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-12-62		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.			25. DATE RECD. BY LOCAL REG. DEC 12 1962		26. REGISTRAR'S SIGNATURE <i>Mad Smith, M.D.</i>				

USE BLACK INK OR TYPEWRITER RIBBON

Embalmer's Certificate

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 *Robert J. Myard*

Licensed Embalmer No. 3010

P. O. Address *Festus Ave*

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.