

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0042085

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3686

FILED OCT 24 1967

VS 300
Rev. 4/59
14031
20928
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4 0
5 1
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9 153-0
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12 43-0
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DATE AMENDED
2
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> CHARLES			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Normandy</u>		Length of stay in 1b <u>3 1/2 wks.</u>	c. CITY OR TOWN <u>St. Charles Mo. 63301</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteop. Hsp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>179 Pinedale</u>		
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>H.</u> Last <u>Steers</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>4,</u> Year <u>1967</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-13-1912</u>	9. AGE (last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lincoln Engr. Co.</u>		11. BIRTHPLACE (City and state or country) <u>Malden, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Steers</u>			13b. MOTHER'S MAIDEN NAME <u>Ida May Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby P. Steers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>489-10-9970</u>	17. INFORMANT Address <u>Ruby P. Steers-179 Pinedale-St. Chas. Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastatic spread</u> DUE TO (c) <u>Carcinoma of Cecum</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
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 <u>4:30</u> a.m. p.m. Month, Day, Year <u>5/15/67</u>	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 <u>St. Charles, Mo.</u> COUNTY STATE			
21. I attended the deceased from <u>5/15/67</u> to <u>10/4/67</u> and last saw her/him alive on <u>10/3/67</u> . Death occurred at <u>4:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Gene L. Burkholder</u> (Degree or title)			22b. ADDRESS <u>11245 St. Chas. Rd.</u>		22c. DATE SIGNED <u>10/4/67</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-7-1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Pagedale, Mo.</u>		
24. FUNERAL DIRECTOR <u>Baumann Bros, Inc.</u> ADDRESS <u>2504 Woodson Rd., Overland, Mo. 63114</u>			25. DATE RECD. BY LOCAL REG. <u>10-4-67</u>	26. REGISTRAR'S SIGNATURE <u>John G. Murphy</u>		

USE BLACK INK OR TYPEWRITER RIBBON

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. L. 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.