MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 35014
Registered No. 262

1. PLACE OF DEATH

County Marion — Registration District No. 547
Township Mason — Primary Registration District No. 3029
City Hannibal (No. 203, Huston St. Ward)

2. FULL NAME Ottilia Steppelman

(a) Residence, No. 203 Huston St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. L. Steppelman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22 - 1858

7. AGE: YEARS 73 — MONTHS 1 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Thomas Apprich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: Antonia Veerkamp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Mrs W. C. Heron, Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mexico Mo. DATE: Oct 5, 1931

19. UNDERTAKER (ADDRESS): Wm. M. Smith, Hannibal Mo

20. FILED: Oct 4, 1931 — C. E. Cousin, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug-4, 1931, to Oct. 3, 1931
I last saw her alive on Oct. 3, 1931. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Fractured-hip - 185A, 194B, 111B

Date of onset

Other contributory causes of importance: Hypostatic congestion of lungs

Name of operation: [illegible] Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes, (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug 4, 1931
Where did injury occur? at her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
203 Houston St. Hannibal - Mo
Manner of injury: Fall over rug
Nature of injury: Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. R. Motley, M. D.
(Address) Hannibal - Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.