WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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

Do not use this space.

24751

File No.

Registered No. 6156

1. PLACE OF DEATH

County ..... Registration District No. 101

Township ..... Primary Registration District No. 1013

City St. Louis. (No. Alexian Brothers Hospital. St. ..... Ward)

2. FULL NAME Bernard A. Steck

(a) Residence, No. 2905 Meramec St. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Steck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1860.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	5	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.

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 Bernard Steck.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Carherine Diebling.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT B. A. Steck Jr.
(ADDRESS) 2905 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL
SS. PLACE Peter & Paul Cem. DATE July 17, 1933

19. UNDERTAKER J. H. Gebken & Co.
(ADDRESS) 2842 Meramec St.

20. FILED July 15 1933 J. F. Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to July 14, 1933

I last saw him alive on July 14, 1933. Death is said to have occurred on the date stated above, at 1:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Right)	Nov 25 1931
Other contributory causes of importance:	
General Arterio-Sclerosis	

Name of operation O Date of

What test confirmed diagnosis? O Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William A. Winter M. D.

(Address) 3375 S. Grand Blvd