

REC'D APR 10 1939

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

10351
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 125
 (b) Township " " Primary Registration District No. 3009
 (c) City Cape Girardeau (d) Street No. So. E. Mo. Hospital Registered No. 118
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Steek
 (a) Residence, No. Cape Girardeau St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
83 9 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 29 1939
 22. I HEREBY CERTIFY, That I attended deceased from 3/20 1939, to 3/29 1939
 I last saw him alive on 3/29 1939. Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:
Deleterious Genyrene
Left-Look
Arterio Sclerosis
 Date of onset 3/1/39
 Other contributory causes of importance: 97
 Name of operation none Date of _____
 What test confirmed diagnosis? and biopsy 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?
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Cape Girardeau Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve
 FATHER 13. NAME Frank Steek
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Susana Wittmer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Henry Steek
Cape Girardeau Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lorimer Cem DATE Mar 30th 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthus Und. Co.
Cape Girardeau Mo.
 20. FILED 3-29 1939 J. M. Thompson
Local Registrar.

Licensed Embalmer's Statement on Reverse Side)

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.

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 _____
Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.