

1940 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS  
 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.  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 44583

Registration District No. 784 Primary Registration District No. 121 Registrar's No. 2339

1. PLACE OF DEATH:  
 (a) County St Louis  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
237 S Central Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St Louis  
 (c) City or town Clayton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 237 S Central Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bernadine Schafer Stecker  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12 day 30  
 year 1939 hour 7 minutes 50 P. M.  
 21. I hereby certify that I attended the deceased from 5/6/36  
 \_\_\_\_\_, 19\_\_\_\_, to 12/30/39, 19\_\_\_\_;  
 that I last saw her alive on 12/30/39, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Henry Stecker 6. (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased April 15 1866  
 (Month) (Day) (Year)

Immediate cause of death  
Central Nervous System 12 hr.  
Carcinoma of R  
 Due to Tumor  
metastasis to  
neck and  
cranial base  
 Other conditions Chronic Corditis  
 (Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
73 8 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Housewife

Major findings:  
 Of operations Popliteal aneurysm  
9/14/38  
 Of autopsy NO  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Charles Schafer  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Dena Schafer  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. Stecker  
 (b) Address 206 Madison Webster Gr. Mo.  
 17. (a) Burial (b) Date thereof 1-3-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Central Cemetery

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Frank H. Meyer  
 (b) Address 131 W Argonne Dr. Kirkwood Mo.  
 19. (a) JAN 2 - 1940 (b) FR Meyer  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
 23. Signature James T. Harty (M. D. or other) \_\_\_\_\_  
 Address 1004 One Third St. Clayton Date signed \_\_\_\_\_

**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.....

*Louis H Bogg*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis H Bogg*

Licensed Embalmer No.....

*921*

P. O. Address.....

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