

FD-203  
S. No. 2  
-11-10-39  
5-17-39  
-I X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26350**

Registration District No. **78K**

Primary Registration District No. **115**

Registrar's No. **1489**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **U. C. I. T. Y**  
(c) Name of hospital or institution:  
**7552 Page Boulevard**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since Birth**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **U. C. I. T. Y**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7552 Page Boulevard**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **BLANCHE J. STEFFAN, 315**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Peter C. Steffan** 6. (c) Age of husband or wife if alive **64 yrs**

7. Birth date of deceased **Oct 27 1883**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **9** Days **6** If less than one day hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Louis Scheer**

18. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Huss**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Peter C. Steffan**

(b) Address **7552 Page Boulevard**

17. (a) **Burial** (b) Date thereof **8/6/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Burial Park**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **AUG 6 - 1940** (b) **R. C. McElwain**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **2**  
year **1940** hour **7** minute **0** PM.

21. I hereby certify that I attended the deceased from **7-15** 19**40** to **8-2** 19**40**  
that I last saw her alive on **7-30** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
Duration **4 yrs**

Due to  
Due to **A2C**  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **R. C. McElwain** (M. D. or other) **M.D.**

Address **4356 Warne** Date signed **8/5/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6  
3  
5

**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 *Bernard Hampton*.....

Licensed Embalmer No. *2967*.....

P. O. Address *St. Louis, 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.**