

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30327
765
Registrar's No. _____

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-5-40 to 9-11-40
(Specify whether _____)
In this community Life
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4519 Louisiana
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME Mrs. Elsie Emilie Steckhan
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

20. DATE OF DEATH: Month Sept day 11
year 1940 hour 3 minute 15 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Steckhan 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased February 7, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-5-40 to 9-11-40
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease & arterial changes
fibrosclerosis

Duration

8. AGE: Years Months Days If less than one day
50 7 4 hr. _____ min.

Due to lactic acid 66%
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Home

11. Industry or business _____

Major findings: Of operations Large adenoma, thyroid

12. Name Albert Greifelt

Of autopsy _____

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

14. Maiden name Unknown Jedlicka

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Steckhan

(b) Address 4519 Louisiana

17. (a) Burial (b) Date thereof 9/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Jelders

(b) Address 2331 Broadway

19. (a) _____ (b) J.P. Prebeck
(Date received local registrar) (Registrar's signature)

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 1

23. Signature Th Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Robert Cleveland

Licensed Embalmer No.....

2178

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.