

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8833**
Registrar's No. **2243**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **ST. LOUIS**
(c) Name of hospital or institution: **MO. PACIFIC**
(d) Length of stay: In hospital or institution **3 DAYS**
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **ARKANSAS** (b) County **999**
(c) City or town **LITTLE ROCK**
(d) Street No. **1333 LINCOLN**
(e) If foreign born, how long in U. S. A.? **2** years.

3. (a) PRINT FULL NAME **OTTO S. STECHER**
(b) If veteran, name war _____
(c) Social Security No. **702-09-0564**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **6th** year **1941** hour **11** minute **20 a.m.**

4. Sex **Mo** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Willie MAE STECHER** 6. (c) Age of husband or wife if **29**
7. Birth date of deceased **JULY 29 1897**

21. I hereby certify that I attended the deceased from **March 3rd** to **March 6**, 1941, to **March 6th**, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years **43** Months **7** Days **7** If less than one day hr. _____ min. _____

Immediate cause of death **Respiratory Failure**

9. Birthplace **JUDSONIA** **1** **ARKANSAS**

Due to **Meningitis (Cerebral)**

10. Usual occupation **SUPVR. U.R.T. Co.**

Other conditions _____

MOTHER FATHER
11. Industry or business _____
12. Name **OTTO STECHER**
13. Birthplace **MURPHYSBORO** **1** **ILLINOIS**
14. Maiden name **UNKNOWN**
15. Birthplace **1** **ARKANSAS**

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant **Willhemie Stecher**
(b) Address **1333 Lincoln Ave Little Rock**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) _____ (b) Date thereof _____
(c) Place: burial or cremation **Judsonia Ark.**

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

18. (a) Signature of funeral director **Frank Dyeck**
(b) Address **Little Rock Ark**

23. Signature **Frank Dyeck** (M. D. or other) **MD**
Address **Mo. Dev. Hosp** Date signed **3/6/41**

19. (a) **MAR 11 1941** (b) **J. H. Stecher** (Registrar's signature)

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

2243

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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:

John Ketter

Licensed Embalmer No. 3880

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, fact should be so stated above.