No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27168

FILED SEP 17 1941

Registration District No. 1791

Primary Registration District No. 1003

Registrar's No. 6960

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis St. I

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital # 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks (Specify whether years, months or days)

In this community 41 Years

2. USUAL RESIDENCE OF DEACEASED:

(a) State Missouri (b) County

(c) City or town St. Louis

(If outside city or town limits, write "RURAL")

(d) Street No. 4311 N. 20th St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years.

No Attending Physician

3. (a) PRINT FULL NAME Joseph Steppets (STEPPETS)

3. (b) If veteran, name war Nil

3. (c) Social Security No. 499-01-7191

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adele Steppets (STEPPETS)

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec. (Month) 29 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
62	7	28	hr. min.

9. Birthplace Unk. (City, town, or county) Austria (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business Building Trades

FATHER

12. Name Unk. Steppets (STEPPETS)

13. Birthplace Unk. S (City, town, or county) Austria (State or foreign country)

MOTHER

14. Maiden name Unk.

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

16. (a) Informant Mrs. Adele Steppets (STEPPETS)

(b) Address 4311 N. 20th. St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Buechmayer & Sons

(b) Address 3934 N. 20th. St.

19. (a) AUG 28 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Depressed Fracture of the Skull With a history of falling down the steps at his home at 4311 N 20th St about 10 Pm July 29-1941. Whether this was the Cause of Death or the Injuries were Inflicted in some other way, Time or Place

Duration

Other conditions (Include pregnancy within 3 months of death) Could not be Determined

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) Open Verdict

(b) Date of occurrence July 29 - 1941 0 0 0

(c) Where did injury occur? St Louis (City or town) MO (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callan (M. D. or other)

Address Deputy Coroner Date signed 8/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.