S. No. 2
1—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42075

FILED JAN 15 1943

Registration District No. 41 Primary Registration District No. 117 Registrar's No. 2796

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 860 Newport Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 860 Newport Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lydia Steppe
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Joseph Steppe
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. 9th., 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Unk. Straudback
13. Birthplace ..... (City, town, or county) N.Y. (State or foreign country)
MOTHER
14. Maiden name Unk. McDonald
15. Birthplace ..... (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Mr. Joseph A. Steppe
(b) Address 5839 Wabada Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. DEC 30 1942 (Date received local registrar) (b) E. G. McGannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th., year 1942 hour 2 minute 10 p.M.

21. I hereby certify that I attended the deceased from Feb 5, 1940, to Dec 28, 1942 that I last saw her alive on Dec 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to Arterio-sclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

23. Signature W. H. White (M. D. or other) M.D.
Address 2813 N. Kingshighway Date signed 12-29-42

(Licensed Embalmer's Statement on Reverse Side)

2801 N.Kingshighway Fo.1336

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.