S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35881

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10003

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5470 Gilmore
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Stecker

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose

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

7. Birth date of deceased July (Month) 26 (Day) 1869 (Year)

8. AGE: Years 76 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace St Louis Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Famous Barr

FATHER
12. Name Joseph Stecker 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ackerman 11
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Wm Stecker
(b) Address 3840 Marietta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21 45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell

19. (a) NOV 19 1945 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1945, to Nov. 18, 1945
that I last saw him alive on Nov 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Chronic interstitial nephritis
(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 Henry C Westerman (M. D. or other) MD

Address 2136 E Grand Date signed 11/19/45

(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.....James G. Lammers

Licensed Embalmer No.....4142

P. O. Address.....St. Louis

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.