

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 3, 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **3388**  
Registrar's No. **243**

Registration District No. **31**

Primary Registration District No. **3068**

**1. PLACE OF DEATH:**

(a) County **St. Louis Co.**  
(b) City or town **Maplewood Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**7617 Manchester 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.....  
years, months or days)

3. (a) PRINT FULL NAME **Anna Stecker**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **492-24-8584**

4. Sex **F.** / 5. Color of race **W.** 6. (g) Single, widowed, married, divorced **W. 2**

6. (b) Name of husband or wife **Fred** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Feb. 18 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62 11 12** hr. min.

9. Birthplace **White Hall ILL.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Davis**

13. Birthplace **Warsaw Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Burris**

15. Birthplace **White Hall ILL.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond C. Stecker**

(b) Address **House Springs Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 30, 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Jay B. Smith Fun. Home**

(b) Address **7456 Manchester, Maplewood Mo.**

19. (a) **2-4-47** (Data received local registrar) (b) **Paul J. Allen** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **St. Louis** **96**  
(c) City or town **Maplewood Mo.** **5**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7617 Manchester** **3**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No) **0**  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan** day **30**  
year **1947** hour **11** minute **AM** M.  
21. I hereby certify that I attended the deceased from **July 14 1946**  
to **Jan 30 1947** 19.....  
that I last saw her alive on **Jan 30 47** 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Deabetes Mellitus (coma)** **17**  
Duration

Due to **61**

Due to

Other conditions (Include pregnancy within 3 months of death)

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)  
(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 **0**

23. Signature **C.C. D...** (M. D. doctor) **0**  
Address **1927...** Date signed **1-31-47**

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

MOTHER FATHER

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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**