

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 21725  
5699

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST LOUIS</i>		c. LENGTH OF STAY (In this place) <i>20 HRS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. LUKES HOSPITAL</i>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>OLIVETTE</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>FRANK</i>		b. (Middle) <i>ANTON</i>	
c. (Last) <i>STEFFAN</i>		6-29-49	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JAN 9 1894</i>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<i>55</i>	<i>LANDSCAPE GARDNER</i>	<i>DESLOGE, ST. FRANCOIS Co. MO.</i>	<i>USA</i>
13a. FATHER'S NAME <i>FRANCIS XAVIER STEFFAN</i>	13b. MOTHER'S MAIDEN NAME <i>ROSE BEIDER</i>	14. NAME OF HUSBAND OR WIFE <i>AGNES J. STEFFAN</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>497-09-5343</i>	17. INFORMANT'S SIGNATURE OR NAME <i>FREDERICK V STEFFAN</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Pulmonary Emphysema,</i>	
ANTECEDENT CAUSES		<i>anesthesia during operation</i>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>for carcinoma of jaw, at St Luke's Hospital June 29</i>	
DUE TO (c) <i>1949 about 900 am</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	<i>11.5</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	<i>196X</i>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:00A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Patrick E. Taylor</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>7-1-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>July 2, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt Lebanon</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Co.</i>
DATE REC'D BY LOCAL REG. <i>JUL 1 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Blacaton</i>	FUNERAL DIRECTOR'S SIGNATURE <i>PAUMANN BROTHERS INC</i>	
		ADDRESS <i>OVERLAND MO</i>	

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

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Oscar J. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland, 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.