

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3021

318

1003

116

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Alexian Bros Hospital</u>				1. STREET ADDRESS (If rural, give location) <u>508 Chestnut St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Steck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 21 1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo/</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Willington Press</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo/</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Charles Steck</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McKlain</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Steck</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Steck</u> ADDRESS <u>508 Chestnut</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duodenal Ulcer "Hemorrhage"</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinoma of Rectum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Dec 26, 1950</u> , to <u>January 4, 1951</u> , that I last saw the deceased alive on <u>Jan 4, 1951</u> , and that death occurred at <u>7:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Julius Chas Roth</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2603 Cherokee St</u>		23c. DATE SIGNED <u>1-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>	
DATE REC'D BY LOCAL REG. <u>JAN 5 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec St.</u>			

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. *4746*

P. O. Address *Albany 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.