

FILED APR 9 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10666

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2728

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Town St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		1. STREET ADDRESS (If rural, give location) 5618 S. Grand Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) Albert c. (Last) Steck	4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH May 24, 1887	9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Estimator, Printing	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Bernard Steck	13b. MOTHER'S MAIDEN NAME Mary Schuartery	14. NAME OF HUSBAND OR WIFE Edna Steck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Steck 5618 S. Grand Blvd	ADDRESS
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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
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 3 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral Hemorrhage	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Carcinoma of rectum	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 221X
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22. I hereby certify that I attended the deceased from 3rd March 1951, to 22 Mar, 1951, that I last saw the deceased alive on 21 March, 1951, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles A. Neater M.D.	(Degree or title)	23b. ADDRESS 5600 S. Compton	23c. DATE SIGNED 3-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 3-26-51	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAR 26 1951	REGISTRAR'S SIGNATURE J. B. Linsator	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Nestor
5600 S Compton
1 to 3 P.M.

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.....

David Van Fossen

Signed.....

Student Embalmer

Licensed Embalmer No. *4542*

P. O. Address. *6322 So Grand*

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.