

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24165**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **150**

920  
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1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>	
c. LENGTH OF STAY (in this place) <b>60 yrs</b>		1920	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Blanchette Park</b>		d. STREET ADDRESS (If rural, give location) <b>City Limits &amp; Randolph</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>	b. (Middle)	c. (Last) <b>Steehner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 15 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 8 1876</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Park</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Fritz Steehner</b>	13b. MOTHER'S MAIDEN NAME <b>Dina Tuepker</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Pund Steehner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Steehner St Charles Mo.</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis of Linner</b> DUE TO (c) <b>Arteriosclerosis</b>		
	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 type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from **Dec 1945**, to **July 15, 1951**, that I last saw the deceased alive on **July 9, 1951**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. L. Harrington</b> (Degree or title)	23b. ADDRESS <b>2307 No. Main St. Charles Mo.</b>	23c. DATE SIGNED <b>7-21-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 18 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St John's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/21/51</b>	REGISTRAR'S SIGNATURE <b>Franziska Hammett</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heckmann</b> ADDRESS <b>St Charles Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
AUG 6 1951  
DISTRICT HEALTH OFFICE No. 4  
File No.

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 Arthur C. Rene

Licensed Embalmer No. 3155

P. O. Address St Charles 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.