

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41170**  
 Registrar's No. **2815**

XC-2 758 181  
 Reg. 104,781  
 BIRTH NO. **FULL DEC 2 1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>53 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>2159</b> OR TOWN <b>ST. LOUIS</b>		1
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			d. STREET ADDRESS (If rural, give location) <b>4520 LOUISIANA</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>NONE</b> c. (Last) <b>STECKHAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 31 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>9-6-1886</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>METER WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LACLEDE GAS CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WILLIAM STECKHAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARIA WEINHAGEN</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>		
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 DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9-8-52</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			DUE TO (c) <b>4200</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NEPHROSCLEROSIS LAENNEC'S CIRRHOSIS</b>					UNK UNK
19a. DATE OF OPERATION <b>NONE</b>		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)	
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 <b>Sept. 8, 1952, to Oct. 31, 1952</b> , and that death occurred at <b>8:10a m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>VA HOSP., JEFF. BRKS., MO.</b>		23c. DATE SIGNED <b>10-31-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/3/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>N. St. Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-1-52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Heldler - 3634 Gravois Ave.</b>	

**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 Erant J. Oland Sr.

Licensed Embalmer No. 2675

P. O. Address St. Louis 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.