

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27344

State File No. ....

10-300  
10-48

FILED JUL 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1920

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lake</u>	c. LENGTH OF STAY (In this place) <u>6 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lake #730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olive St. Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>Olive St. Rd.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LILLIAN</u>	b. (Middle) <u>ROSE</u>	c. (Last) <u>STEFFEN</u>	(Month) <u>JULY</u>	(Day) <u>11</u>	(Year) <u>1953</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 6, 1920</u>		9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Emil Hoefler</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Reising Hoefler</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Steffen</u>	
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Steffen 10426 Driver Overland 11, Mo.</u>			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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>16 mos.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA</u>	DUE TO (b) <u>Carcinoma of right breast</u>				3 1/2 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>Feb 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>carcinoma of breast</u>		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) (Min.)	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 July 28, 1952, to July 11, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert C. Kungeland MD</u>	23b. ADDRESS <u>31 North Brentwood Clayton 5, Mo.</u>	23c. DATE SIGNED <u>7-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-13-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombka M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u>	ADDRESS <u>Ballwin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Richard Bopp

Licensed Embalmer No. 7584

P. O. Address Bellew, 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.