

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28193  
State File No. 6627  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 770. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2917 <sup>g</sup> S. Jefferson		d. STREET ADDRESS (If rural, give location) 24 2917 <sup>a</sup> S. Jefferson Av.	
3. NAME OF DECEASED a. (First) Mary b. (Middle) c. (Last) Steffen		4. DATE OF DEATH (Month) (Day) (Year) July 31 1955	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 14 1880
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	11. BIRTHPLACE (State or foreign country) St. Louis 770.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.C.
13a. FATHER'S NAME Balthasar Steffen		13b. MOTHER'S MAIDEN NAME Mary Grone	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Dabler 2917 <sup>a</sup> S. Jefferson
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat prostration INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Valvular disease of heart 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 of James Kelly Deputy Surgeon 4222 F	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 1 1850 to July 31 1955 that I last saw the deceased alive on July 21 1955, and that death occurred at 5:00 p. m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. M. Binner, M.D.		23b. ADDRESS 3014 S. Jefferson	
23c. DATE SIGNED Aug 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-3-1955	
24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, 770.	
DATE REC'D BY LOCAL REG. AUG 1 1955		REGISTRAR'S SIGNATURE J. Cash Smith M.D.	
FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Witt Bros & Co. 2929 S. Jefferson Av.	

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 *R. M. Davis*

Licensed Embalmer No. 374

P. O. Address 2929 McAllen

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.