FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26595
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5288

Health, Welfare Public Service

300 1-56

0

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes # No ☐	c. CITY OR TOWN Ferguson 4119 0 Inside Limits Yes # No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 40 Mo. Pac. Hosp. Length of stay in lb 6 hrs.	d. STREET ADDRESS (If outside, give location) 27 14 Lee Ave. Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Joseph Middle Thomas Last Steckman		4. DATE OF DEATH Month Day Year June 4, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 28, 1877
9. AGE (In years last birthday) 80	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) Pens. Loco. Engineer	10b. KIND OF BUSINESS OR INDUSTRY Terminal RR Ass'n	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harvey Steckman		14. MOTHER'S MAIDEN NAME Catherine Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 703-01-2874	17. INFORMANT Address James J. Steckman, 28 Lee Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aortic Aneurysm (abdominal) — INTERVAL BETWEEN ONSET AND DEATH 6 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 451X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Old myocardial infarction. Bronchopneumonia

19. WAS AUTOPSY PERFORMED? YES # NO ☐

OK James M. Keen 5-5-57

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-3-57, to 6-4-57 and last saw her/him alive on ____
Death occurred at 2.15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul C. Hasto M.D.	22b. ADDRESS Mo. Pac. Emp. Hosp.	22c. DATE SIGNED 6-4-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-6-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, FERGUSON, MO.	25. DATE RECD. BY LOCAL REG. JUN 5 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD MDB	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eleuan Province

Licensed Embalmer No. 34

P. O. Address Jeanning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.