

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013267

FILED VS APR 12 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's **8 3681** STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		Length of stay in 1b	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2855 Kinneboro</i>

3. NAME OF DECEASED (Type or print) CAROLINE First Middle Last STEPPACHER	4. DATE OF DEATH Month MARCH Day 31 Year 1960
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/11/1887</i>	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>E. St. Louis, Ill.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>George Steppacher</i>	13b. MOTHER'S MAIDEN NAME <i>Bertha Lucier</i>	14. NAME OF HUSBAND OR WIFE
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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) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Miss Marie Steppacher</i>	Address <i>2855 Kinneboro</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Bilateral Pneumonia</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Gemias</i>	
	DUE TO (c) <i>Pyelophite acute Chemic</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>600.0</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <i>3/24/60</i>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>	COUNTY <i>St. Louis</i>	STATE <i>Mo.</i>
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21. I attended the deceased from *3/24/60* to *3/31/60* and last saw her alive on *3/31/60*
Death occurred at *8:15 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or title) <i>John M. Tierney MD</i>	22b. ADDRESS <i>1515 LAFAYETTE AVE</i>	22c. DATE SIGNED <i>3/31/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4/21/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>McCarnel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Belleville Ill.</i>
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24. FUNERAL DIRECTOR <i>Jos. A. Howard</i>	ADDRESS <i>1619 So. Grand</i>	25. DATE RECD. BY LOCAL REG. APR 1 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed JW^{sr} Binkley

Licensed Embalmer No. 325

P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.