SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED ✓

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 647 STATE FILE NUMBER 61-012139

FILED VS MAR 14 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy Mo. — Length of stay in 1b: 3 mos.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Good Council Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Ferguson — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 14 Lee Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CECILIA Middle: A. Last: STECKMAN

4. DATE OF DEATH: Month: March Day: 6 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1-15-1879

9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Washington, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Laumann

13b. MOTHER'S MAIDEN NAME: Hundel

14. NAME OF HUSBAND OR WIFE: Joseph T. Steckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

17. INFORMANT: James J. Steckman Address: Ferguson Mo.

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Feb. 21 1961 to March 5, 1961 and last saw her/him alive on March 5, 1961

Death occurred at March 6, 1961 8 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] — **22b. ADDRESS**: 111 Church St — **22c. DATE SIGNED**: March

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **23b. DATE**: 3-8-61 — **23c.** NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — **23d.** LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mortuary Ferguson, Mo. — **25. DATE RECD. BY LOCAL REG.**: 3-7-61 — **26. REGISTRAR'S SIGNATURE**: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 my self, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Reinhold K Lohmann

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.