

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24736

File No. **61-10**

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**

Township _____ Primary Registration District No. **10013**

City **St. Louis mo.** (No. **St. Anthony Hosp.**)

2. FULL NAME

Infant of Edward & Estella Steck

(a) Residence, No. **3408 1/2 Miami St.** St. **15** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14 - 1933 -**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Infant**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis mo.**

MOTHER 13. NAME **Edward Steck**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis mo.**

15. MAIDEN NAME **Estella Pohr**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis mo.**

17. INFORMANT (ADDRESS) **Edward Steck 3408 1/2 Miami St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cem.** DATE **July 15 - 1933**

19. UNDERTAKER (ADDRESS) **Freigenlein Bros. 1413 1/2 Chesapeake St.**

20. FILED **July 17 1933 J. Brebeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14 - 1933**

22. I HEREBY CERTIFY That I attended deceased from **July 14, 1933** to **July 14, 1933**
I last saw him alive on **July 14, 1933**. Death is said to have occurred on the date stated above at **3:30** p. m.

The principal cause of death and related causes of importance were as follows:

Premature Birth
159
Date of onset _____
Other contributory causes of importance: **159**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
St. Anthony Hosp.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **Geo. W. Bader**, M. D.
(Address) **5836 E. Va.**

