

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

39604  
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**

(a) County .....  
 (b) Township .....  
 (c) City **St. Louis** (d) Street No. **City Hospital** ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791  
1003

Registered No. **10591**

2. PRINT FULL NAME **John Steffen**  
 (a) Residence, No. **2119 North 14th** St. **26**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 26, 1867**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**75 70 4 18**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **laborer**  
 9. Industry or business in which work was done, as 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) **Missouri**

FATHER  
 13. NAME **Fred Steffen**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER  
 15. MAIDEN NAME **Mary Driscoll**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Hosp. Info M. Lent**  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Frederick's term** DATE **Nov. 16, 1937**

19. FUNERAL DIRECTOR **Reiderwiden Limb Regise**  
 (ADDRESS) **1936 St. Louis Ave**

20. FILED **NOV 16 1937** **J. T. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/14/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **10/3/37** to **11/14/37**, 19  
 I last saw him **11/14/37** alive on ..... 19..... Death is said to have occurred on the date stated above, at **10** m. a  
 The principal cause of death and related causes of importance were as follows:

**Cerebral hemorrhage**  
**51C**  
 Other contributory causes of importance: **Carcinoma of prostate**  
 Date of onset **11/2/37**

Name of operation **none** Date of .....  
 What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... 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.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify **Thos. W. Spant**, M. D.  
 (Signed) **Thos. W. Spant** (Address) **City Hospital No. 1**

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.

STATEMENT BY LICENSED EMBALMER

I, Frederic J. Krupin, Licensed Embalmer No. 3497  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Frederic J. Krupin  
..... Licensed Embalmer No. 3497

**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.)**