

MAY 19 1939

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

15055
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391

(b) Township Acadina Primary Registration District No. 4230 Registered No. 37

(c) City Ironton (d) Street No. St. Mary's 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.

2. PRINT FULL NAME Asa George Stepp

(a) Residence, No. Bellevue Mo. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>66</u>	<u>6</u>	<u>17</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer

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 Apr. 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co., Mo.

FATHER

13. NAME Asa Stepp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME Margarette Bast

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Luna Stepp (ADDRESS) Bellevue Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE May 2 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons Ironton Mo.

20. FILED May 5 19 39 R. A. Rasche Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1939

22. I HEREBY CERTIFY, That I attended deceased from April 14 1939 to April 30 1939

I last saw him alive on April 30 1939 Death is said to have occurred on the date stated above, at 12.00A

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

cardiac embolus Date of onset

Other contributory causes of importance: gastric ulcer perforated.

gastro-enterotomy and closure of perforation Name of operation perforation Date of 4-17-39

What test confirmed diagnosis? operation as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 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? no

If so, specify (Signed) George Gay M. D. (Address) Ironton, Mo.

K. 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.

RECORD WITH CONTINUING INFORMATION IS A PERMANENT RECORD

I X10605

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Arnold J. White

Licensed Embalmer No.

3012

P. O. Address

Imperial

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 this body is not embalmed, above space should be left blank.