

# STANDARD CERTIFICATE OF DEATH

State File No. **23150**

FILED JUL 28 1942

1003

Registrar's No. **6102**

### 1. PLACE OF DEATH:

(a) County ST. LOUIS  
 (b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3240 Liberty St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Mary M. Steckhan

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female / race white 5. Color or white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife William Steckhan 6. (c) Age of husband or wife if alive 82 years  
 7. Birth date of deceased Sept. 7 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>11</u>	hr. min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Albach  
 13. Birthplace 11 9  
(City, town, or county) (State or foreign country)

14. Maiden name  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Steckhan  
 (b) Address 3240 Liberty St.

17. (a) Burial (b) Date thereof 7-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Paul Chyarden

18. (a) Signature of funeral director Witt, Bro. & Co.  
 (b) Address 2929 S. Jefferson Av.

19. (a) JUL 19 1942 (b) J. F. Mueck  
(Date received by registrar) (Registrar's signature)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 12  
 (c) City or town ST. LOUIS 9/5  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3240 Liberty St.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
 year 1942 hour 2 minute 00 a. M.

21. I hereby certify that I attended the deceased from February 1942 to July 1942  
 that I last saw her alive on May 15 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Two minutes

Due to Arteriosclerosis years

Due to Senility

Other conditions Hypertensive Cardiac vascular disease years  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN [Signature]  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0  
 (Specify type of place) (e) Means of injury 0  
 23. Signature [Signature] (M. D. or other) MD  
 Address 3123 S. Kingshighway Pl Date signed 7-18-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*Paul Shanklin*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Edgar F. Witt*

Licensed Embalmer No.....

*2117*

P. O. Address.....

*2929 S. Jefferson*

**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, fact should be so stated above.**