

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

5905  
Do not use this space.

**FILED FEB 23 1943**

**1. PLACE OF DEATH**

(a) County BUCHANAN Registration District No. 42  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1007/1000 Registered No. 180  
 (c) City ST. JOSEPH or \_\_\_\_\_ (d) Street No. 0 ST. JOSEPH 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**

(a) Residence, No. Fairfax  Missouri  
 (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 M. C. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Goldia Stepp  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
38 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner  
 9. Industry or business in which work was done, as saw mill, bank, etc. Cafe  
 10. Date deceased last worked at this occupation (month and year) 1 yr ago 11. Total time (years) spent in this occupation 7 yrs.

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

FATHER 13. NAME Burney Stepp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Tenn

MOTHER 15. MAIDEN NAME Laura Prother

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watson, Mo.

17. INFORMANT (ADDRESS) Mrs Goldia Stepp Fairfax, Mo

18. BURIAL CREMATION, OR REMOVAL PLACE English Reformed Cemetery DATE 2/1 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Jones Home Fairfax, Missouri

20. FILED 2-10-43 1943 Roe Herzog Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1943

22. I HEREBY CERTIFY That I attended deceased from 19..... to Feb. 10 1943

I last saw h. a. n. alive on Feb. 9 1943 Death is said to have occurred on the date stated above, at 5:30 m.

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

Rheumatic Heart Disease with mitral stenosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 928

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? xyg. EKG Was 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 \_\_\_\_\_, 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: Heart (Signed) Harold J. Brunner, M. D.  
 (Address) St Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**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.....

*Marvin H. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address *Lauriedale, Mo.*

**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.**