

S. No. 2
 DM-543
 v. 5-17-39
 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26173**
 Registrar's No. **7942**

FILED SEP 11 1945

Registration District No. _____ Primary Registration District No. **1003**

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

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: **Homer G Phillips Hospital 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo; 3 days**
26 yrs (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Stepter**

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

4. Sex F	5. Color or race Col	6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Sam Stepter	6. (c) Age of husband or wife if alive Dead years 23 1895	
7. Birth date of deceased (Month) 7 (Day) 23 (Year) 1895		

8. AGE: Years **60** Months **1** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Tuscaloosa Ala** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Snyder**
 13. Birthplace **Tuscaloosa Ala** (City, town, or county) (State or foreign country)
 14. Maiden name **Pauline Carter**
 15. Birthplace **Tuscaloosa Ala** (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Stepter**

(b) Address **216 N. Compton Ave**

17. (a) **Burial** (b) Date thereof **9-10-45** (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dixon Cemetery**

18. (a) Signature of funeral director **Gus Lowe**

(b) Address **2904 Chouteau Ave**

19. (a) **SEP 11 1945** (b) **[Signature]** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**
 (c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**
 (d) Street No. **1225 S 6th St** (If rural, give location) **9 72**
 (e) Citizen of foreign country? **1** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **7** year **1945** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **August 4, 1945** to **September 7, 1945** that I last saw her alive on **September 7, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchopneumonia** **5 days**
Carcinoma of Descending Colon **Unk**

Due to _____
 Due to _____

Other conditions: **46**
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 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? _____
 (e) Means of injury _____
 While at work? _____

23. Signature **W. C. Callaway** M. D. or other _____
 Address **2601 N. White** Date signed **9/9/45**

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.....

Clark Young

Licensed Embalmer No. 3371

P. O. Address. St. Louis

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.