U. S. No. 2
OM—8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27169

FILED SEP 6 1945

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 192

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
811 Washington Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 811 Washington Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Lula Bertha ~~Steppleman~~ BLACKWELL

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James R. ~~Steppleman~~ BLACKWELL

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 28 (Day) 1867 (Year)

8. AGE: Years 78 | Months 5 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Fred W. Steppleman

13. Birthplace Germany (State or foreign country)
(City, town, or county)

14. Maiden name Wilhelmenia Moeller

15. Birthplace Germany (State or foreign country)
(City, town, or county)

16. (a) Informant Mrs. Ralph Asel

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-31-1945 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Ralph Godsey

(b) Address Jefferson City, Missouri

19. (a) 9-4-45 (Date received local registrar) (b) R. H. Barry MD (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1945 hour 11 AM minute — M.

21. I hereby certify that I attended the deceased from Monday Aug 27th, 1945, to Aug 29th, 1945, that I last saw him alive on Aug 29th 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	
Due to: Hypertension	
Due to: Senility	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jean Stewart (M. D. or other)

Address 626 Jefferson St Date signed 8-31-45

MAR 10 1950

SEP 6 1945

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 Thos. J. Loomis

Licensed Embalmer No. 1286

P. O. Address Jefferson City 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, fact should be so stated above.