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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11572 5632

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Deaconess Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community 6 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 750 N. Forest (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALAN FRANK STECKDAUB

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) - 28 (Day) - 1947 (Year)

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name H.F. Steckdaub

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

MOTHER 14. Maiden name Winifred Woodson

15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant H.F. Steckdaub

(b) Address 750 N. Forest, Webster Groves, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Purser Funeral Service

(b) Address Columbia, Mo.

19. (a) MAR 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1947 hour 7:45 p.m. minute M.

21. I hereby certify that I attended the deceased from 28 Feb. 1947, to 6 March 1947, that I last saw him alive on 6 March 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis Fetalis — Duration 3 days

Due to

Due to

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:

(c) 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 [illegible] M.D.

Address [illegible] Date signed 3-7-47

(Licensed Embalmer's Statement on Reverse Side)

2696

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.