

BUREAU OF THE CENSUS
FILED MAY 1947

State File No. 87

Registration District No. 275

Primary Registration District No. 425-85908

Registrar's No. 87

1. PLACE OF DEATH

(a) County Peru
 (b) City or town Galena
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Galena Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 In this community 7 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Andrew J. Stepp
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife -
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased Jan 19 1978
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 12 hr. min.

9. Birthplace Peru
 (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business -

12. Name unknown

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

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

16. (a) Informant Mrs. Armin Papke

(b) Address Harrisonville, Mo. 64501

17. (a) Peru (b) Date thereof 4-1-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. D. Reimer

(b) Address St. Louis, Mo.

19. (a) 6-1-47 (b) L. J. O'Rourke
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru
 (c) City or town Galena
 (If outside city or town limits, write "RURAL")
 (d) Street No. Galena Hosp
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
 year 1947 hour - minute - A.M.

21. I hereby certify that I attended the deceased from Feb 15
2, 1947, to April 1, 1947
 that I last saw him alive on March 26, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease -Duration -

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:

(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) (e) Means of injury 0

23. Signature J. R. Chapman (M. D. or other) 0

Address 4-11-47 Date signed 4-11-47

5-47-150

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.....

John W German

Licensed Embalmer No. 4355

P. O. Address Hayti, Miss Box 42

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.

State File No. may
Registrar's No. 878

Registration District No. 272

Primary Registration District No. 5908

1. PLACE OF DEATH:

(a) County Pemissic
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Andrew J. Stayer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: Jan 19 (Month) 19 (Day) 19 (Year)

8. AGE: Years 69 Months 2 Days 2 (Unless than one day) _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Chr. nephritis
Bright's disease
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Johnson (M. D. or other) _____
Address St. Louis Date signed 5/11/44

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

SUPPLEMENTARY

14447