S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10713

State File No. .....

FILED MAR 25 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2634

00
17
9

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

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: Loretto Academy 3407 Lafayette Ave
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3407 Lafayette Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sister Mary Agnese Steffen

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

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October (Month) 14. (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	1	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 7

10. Usual occupation Teacher Religious.

11. Industry or business .....

FATHER
12. Name John J. Steffen
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Agnes Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sister Anna Catherine
(b) Address Loretto Academy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAR 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15. year 1948 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from Dec 1948 ....., 19...., to 3-15-48, 19....; that I last saw her alive on 3-14-48, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension	several months
Due to arteriosclerosis	(several months)
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 John Bolyn BSMD (M. D. or other) M.D

Address 1715 So 39th St Louis (10) Mo Date signed 3-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1715-8. 39 St
1-3 R

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.