

FILED SEP 1 1948

State File No. \_\_\_\_\_

Registration District No. 52

Primary Registration District No. 4042

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Lutesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mouser Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community entire life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 161  
(c) City or town Benton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 blocks SE of Courthouse  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Wilhelmina Steck

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

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

6. (b) Name of husband or wife Frank Steck 6. (c) Age of husband or wife if not alive years

7. Birth date of deceased Dec. (unborn) 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 8 11 hr. min.

9. Birthplace Cape Gir. County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business --- 353

12. Name Henry Brennecke 4

13. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Attenthal

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

16. (a) Informant Emil Steck

(b) Address Farmington, Mo

17. (a) Burial (b) Date thereof 8/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FARMINGTON CEMETERY

18. (a) Signature of funeral director Chas. J. Labery

(b) Address Cape Girardeau, Mo

19. (a) Aug 16 1948 (b) Minnie Ann Ambergh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11  
year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Aug 2, 1948, to Aug 7, 1948.  
that I last saw him alive on Aug 7, 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of face + throat.  
Due to Spinal injury.  
Duration 1 yr.

Other conditions 52  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations: None  
Of autopsy: None

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) no

(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 Thaskey M.D. (M. D. or other)  
Address Cape Girardeau, Mo Date signed 8/11/48

RECEIVED

District Health Officer No. 4  
District File Number 848-110  
Date Filed 8-31-4

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.....

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.