

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7120

XC- 15 061 769

Reg.# 91187

BIRTH NO.

REG. DIST. NO. 27

PRIMARY REG. DIST. NO. 6076

Registrar's No. 453

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PANA	
c. LENGTH OF STAY (in this place) 34 days		7120 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If rural, give location) 318 GARFIELD	

3. NAME OF DECEASED (Type or Print) a. (First) FLOYD b. (Middle) c. (Last) STECH			4. DATE OF DEATH (Month) (Day) (Year) FEB 16 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-4-96	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PANA, ILLINOIS	
13a. FATHER'S NAME WILLIAM STECH			13b. MOTHER'S MAIDEN NAME CUMA MOORE		14. NAME OF HUSBAND OR WIFE ANNA STECH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. 348-01-8713		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS JEFF BRKS, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **1-14-51**, 19__, to **2-16-51**, 19__, ~~that I last saw the deceased~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ and that death occurred at **9:35a** m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR [Signature]	(Degree or title) M.D.	23b. ADDRESS VA HOSPITAL JEFFERSON BRKS, MO	23c. DATE SIGNED 2-16-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-17-51	24c. NAME OF CEMETERY OR CREMATORY UNION	24d. LOCATION (City, town, or county) (State) PANA, ILLINOIS

DATE REC'D BY LOCAL REG. 2/17/51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE St Albert H. Hoppe	ADDRESS 4700 Washington St. St. Louis, Mo.
--	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10/48
0000

5

MAR 17 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No.

3749

P. O. Address

St Louis 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.