S. No. 300
V. '10-48

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16019

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 135

0269

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY, MO.
c. LENGTH OF STAY (In this place): 19 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. MARTINS, MISSOURI.
d. STREET ADDRESS (If rural, give location): 0269

3. NAME OF DECEASED (Type or Print)
a. (First): HILDA
b. (Middle): MARY
c. (Last): STECK

4. DATE OF DEATH (Month) (Day) (Year): MAY 19, 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 2, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 3, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RUSSELVILLE, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PAUL EIHLER
13b. MOTHER'S MAIDEN NAME: LOUISE REISDORFF
14. NAME OF HUSBAND OR WIFE: PETER STECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Peter Steck
ADDRESS: ST. MARTINS, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Septicemia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Heart
DUE TO (c): Disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arterial Thrombosis Right

INTERVAL BETWEEN ONSET AND DEATH: 444 3X

19a. DATE OF OPERATION:
~~19b. MAJOR FINDINGS OF OPERATION~~: iliac artery & gangrene of leg
20. AUTOPSY? YES ☑ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1951, *to* May 19, 1951, *that I last saw the deceased alive on* May 18, 1951, *and that death occurred at* 1:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Coleman (Degree or title): MD
23b. ADDRESS: Jeff. City Mo.
23c. DATE SIGNED: 5-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 21, 1951
24c. NAME OF CEMETERY OR CREMATORY: ST. MARTINS
24d. LOCATION (City, town, or county) (State): ST. MARTINS, MO.

DATE REC'D BY LOCAL REG.: May 21-1951
REGISTRAR'S SIGNATURE: R. P. Dorris MD
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle
ADDRESS: J. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-22-61
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 5-22-61

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.