

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7111

State File No.

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri.</u> b. COUNTY <u>Washington.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>2 Wks.</u>	c. CITY OR TOWN <u>Belleview</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis, County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>1100 /</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUNA</u>	b. (Middle) <u>G.</u>	c. (Last) <u>STEPP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify) <u>Widow.</u>	8. DATE OF BIRTH <u>June 30, 1871</u>	9. AGE (In years last birthday) <u>82.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ft. Wayne, Indiana.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clinton Bryant</u>	13b. MOTHER'S MAIDEN NAME <u>Luna Glenn.</u>	14. NAME OF HUSBAND OR WIFE <u>Asa G. Stepp.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Nil.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Stepp</u>	ADDRESS <u>7329 So. Lindberg.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM?</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INTERTROCHANTERIC FX-LEFT</u> DUE TO (c) <u>FEMUR</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GEN. ARTERIOSCLEROSIS - PT. BRONCHOPNEUMONIA</u>			

19a. DATE OF OPERATION <u>1-23-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>ENTEROTROCHANTERIC FX-LEFT FEMUR E9040 21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>B. LCMAY ST. LOUIS MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 21, 1954</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SLIPPED AND FELL IN DAUGHTER'S HOME.</u>
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22. I hereby certify that I attended the deceased from Jan. 21, 1954, to Feb. 8, 1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 7:40p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald E. Hoffmann M.D.</u>	23b. ADDRESS <u>601 South Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>2-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local.</u>	24d. LOCATION (City, town, or county) (State) <u>Caledonia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-10-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donk M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *J. Wm. Dumbley*.....

Licensed Embalmer No. *3653*.....

P. O. Address *St. Louis 8*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.