

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10286

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4406 Delor St.				e. STREET ADDRESS (If rural, give location) 15 4406 Delor St.				215/0					
3. NAME OF DECEASED (Type or Print) EMMA			a. (First)		b. (Middle) E.		c. (Last) STEFFEN		4. DATE OF DEATH Nov. 24 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 25, 1869		9. AGE (In years) 86		if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 24 HRS. Hours	if UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fayetteville, Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Herman Franke				13b. MOTHER'S MAIDEN NAME Margaret Kolbenschlag				14. NAME OF HUSBAND OR WIFE Late William F. Steffen					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Laura M. Steffen						ADDRESS 4406 Delor St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Typhoid Fever</i> ANTECEDENT CAUSES (b) <i>Generalized</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 450.0								20. AUTOPSY? YES <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Sept 13 1955</i> to <i>Nov 24 1955</i> that I last saw the deceased alive on <i>Nov 23 1955</i> and that death occurred at <i>1:25 P</i> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <i>L. K. Schelling MD</i>						23b. ADDRESS <i>4224 Kingshighway</i>				23c. DATE SIGNED <i>11/25/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE Nov. 26, 1955		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. NOV 25 1955				REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>				ADDRESS 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Stover*.....

Licensed Embalmer No. *405*.....

P. O. Address

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.