

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

State File No. **7263**
Registrar's No. **1783**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

No. 300
10-48

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 3929 Iowa St 410 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSP. 24 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) OLIVER | | b. (Middle) J | c. (Last) STEPPIG | 4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1956 | |
| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept 5, 1906 | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months _____ Days _____ |
| IF UNDER 4 HRS. Hours _____ Min. _____ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Pharmacist | 10b. KIND OF BUSINESS OR INDUSTRY Alexian Bros Hosp | 11. BIRTH PLACE (State or foreign country) Columbia Ill. | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13a. FATHER'S NAME John STEPPIG | | 13b. MOTHER'S MAIDEN NAME ANNA WELBACHER | 14. NAME OF HUSBAND OR WIFE VERA GAIL STEPPIG | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No | 16. SOCIAL SECURITY NO. 492-01-4445 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VERA STEPPIG 3929 Iowa. | | | |
| 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) Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 10 days |
| | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic H. Dis. | | |
| | | | DUE TO (c) _____ | | |
| | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 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) St. Louis, Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 Sept 1955 , to 2/16/56 19____, that I last saw the deceased alive on 2/16/56 , 19____, and that death occurred at 4 P. m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE R. Amey (Degree or title) _____ | | | 23b. ADDRESS 539 N. Grand | | 23c. DATE SIGNED 2/18/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2-20-56 | 24c. NAME OF CEMETERY OR CREMATORY Imm. Exemption Cem. | 24d. LOCATION (City, town, or county) (State) Columbia Ill. | | |
| DATE REC'D BY LOCAL REG. FEB 20 1956 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ms. Thos J. Suman 15195 Grand | | | |

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address H. L.

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.