

FILED OCT 16 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2392

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b> 0		c. CITY OR TOWN <b>Overland</b> 426 X	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Louis Co Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>2402 Gilrose</b>	
Length of stay in 1b <b>1 wk</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>EDITH STEFFENS</b>			4. DATE OF DEATH <b>9 26 1957</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>Dec 4 1876</b>		
9. AGE (In years last birthday) <b>80</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		11. BIRTHPLACE (City and state or country) <b>St Louis Co Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Calvin Steffens</b>		
14. MOTHER'S MAIDEN NAME <b>Anna Hencken</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No NONE</b>		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT <b>Rosemary Woodworth Maplewood Mo</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medial ulcer with perforation</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Cerebral vascular accident</b>		
DUE TO (c) <b>Generalized arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>5411</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>3:30 p. m.</b> Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **9-19-1957** to **9-26-1957** and last saw her/him alive on **9-26-1957**  
Death occurred at **3:30 p. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Herbert R. Doudle, M.D.</b> (Degree or title)	22b. ADDRESS <b>601 S. Brentwood Blvd.</b>	22c. DATE SIGNED <b>9-26-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/27/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo</b>
24. FUNERAL DIRECTOR <b>Ortmann F Home</b> ADDRESS <b>9222 Lackland</b>	25. DATE RECD. BY LOCAL REG. <b>9-27-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Doudle, M.D.</b>	

Overland, Mo. Embalmer's Statement on Reverse Side)

acc

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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..... *R. C. Ostermann* .....

Licensed Embalmer No. *347*

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.