

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028470  
Show File No. 443

FILED SEP 9 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 443

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>0164 809 Perry Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Charles</b> c. (Last) <b>Steger</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 21, 1958</b>	
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5. SEX <b>Male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 6, 1881</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker (retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Egypt Mills, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Leo Steger</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Bischoingert</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Freeman Steger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>490-05-5432</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nellie Steger</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pancreatitis, acute; hemorrhagic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>72 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholecystitis with cholelithiasis with common duct obstruction</b>		
	DUE TO (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Cholecystitis with cholelithiasis</b>	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>584X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/18/58, 1958, to 8/21/58, 1958, that I last saw the deceased alive on 8/21/58, 1958, and that death occurred at 3:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Hall M.D.</b> (Degree or title)	23b. ADDRESS <b>Cape Girardeau Mo</b>	23c. DATE SIGNED <b>8-22-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/23/58/</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 5, 1958</b>	REGISTRAR'S SIGNATURE <b>Mr. Homer Cooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Long</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Licensed Embalmer No. 3810  
P. O. Address Cape Girardeau

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.