URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-034838

STATE FILE NUMBER

✓ Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2381

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester, Length of stay in 1b MONS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home, Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, b. COUNTY St. Louis,
c. CITY OR TOWN Affton, Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4444 Little Chief Dr., Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Oscar Middle: J. Last: Stepka,

4. DATE OF DEATH Month Day Year: September 4, 1959

5. SEX: Male.
6. COLOR OR RACE: White,
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/29/83
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant,
10b. KIND OF BUSINESS OR INDUSTRY: Retired 4 Years,
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Theodore Stepka,
13b. MOTHER'S MAIDEN NAME: Catherine Schaub,
14. NAME OF HUSBAND OR WIFE: Adelaide M. Stepka, (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lucille A. Friehs, Address 4444 Little Chief, Affton, 23, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE CARDIAC DILATATION	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CHRONIC MYOCARDITIS	?
DUE TO (c)	GENERAL VASCULAR DISEASE	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NONE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

NONE

21. I attended the deceased from MAY 29, 1959 to SEPT 4, 1959 and last saw him alive on SEPT 3, 1959
Death occurred at 10:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B.R. Loving, M.D.
22b. ADDRESS: BALLWIN, MO.
22c. DATE SIGNED: 9.5.59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal.
23b. DATE: 9/8/59
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cemetery,
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri,

24. FUNERAL DIRECTOR: Gebken-Benz Mortuary, ADDRESS: 2842 Meramec St., St. Louis, 18, Mo.
25. DATE RECD. BY LOCAL REG.: 9-5-59
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by me, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. St. Louis, 18,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.