

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021953

FILED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1649 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WASHINGTON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI		c. CITY OR TOWN MINERAL POINT	
Length of stay in lb 117 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) R.F.D. #1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last THOMAS B. STEPP			4. DATE OF DEATH Month Day Year May 22, 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-96	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) NEW MADRID, MISSOURI	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME A. G. STEPP		13b. MOTHER'S MAIDEN NAME EMMA C. GRAHAM	
14. NAME OF HUSBAND OR WIFE BERTHA C. STEPP		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT BERTHA C. STEPP (WIFE) R#1		Address MINERAL POINT, MO.			

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 2 DAYS
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE		
DUE TO (b) COR PULMONALE		
DUE TO (c) PULMONARY TUBERCULOSIS		Undetermined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. 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 VA	20g. COUNTY VA	20h. STATE VA
21. attended the deceased from 4-11-57 to 5-22-60 Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>W. C. Oppler</i> W. OPPLER, M.D., Director Professional Services, Vet Adm Hosp, Jeff Bks, Mo.	22b. ADDRESS Jefferson Bks. Mo	22c. DATE SIGNED 5-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/25/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Jefferson Bks. Mo	23e. (State) Mo	23f. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.	25. DATE RECD. BY LOCAL REG. 5-24-60	26. REGISTRAR'S SIGNATURE

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Humphrey

Licensed Embalmer No. 4772

P. O. Address St Paul

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.