RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-044247

FILED VS NOV 17 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10732

STATE FILE NUMBER

IDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN St Louis — Length of stay in 1b

c. CITY OR TOWN St Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7036 Hampton — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 7036 Hampton — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Emil Middle Last Steffen

4. DATE OF DEATH Month Nov. Day 5, Year 1960

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH July 26, 1871

9. AGE (last birthday) 89 — 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) Retired

10b. KIND OF BUSINESS OR INDUSTRY Contractor

11. BIRTHPLACE (City and state or country) St Louis Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Steffen

13b. MOTHER'S MAIDEN NAME Mary Wansong

14. NAME OF HUSBAND OR WIFE

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. none

17. INFORMANT Anna Steffen Address 7036 Hampton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerosis generalized

DUE TO (c) 332x

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. ☐ 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

21. I attended the deceased from 1950, to 11-5-60 and last saw ~~her~~ him alive on 11-4-60

Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert M. Tichenor MD.

22b. ADDRESS P.O. Box 6 Sappington 23 Mo

22c. DATE SIGNED 11-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/7/60

23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery

23d. LOCATION (City, town, or county) (State) St Louis Mo.

24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG. NOV 7 1960

26. REGISTRAR'S SIGNATURE [signature] MD

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4463

P. O. Address_____

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