

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039267

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 124

FILED OCT 22 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jefferson		a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rock township		c. CITY OR TOWN Breezy Heights	
Length of stay in lb 53 Yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Breezy Heights		d. STREET ADDRESS (If outside, give location) Imperial Rural Route	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Sophie Steckel		Month Day Year Oct 8 1962	
5. SEX Female	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 Jan 20 1878 84
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housework Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St Louis Mo
13a. FATHER'S NAME John Ott		13b. MOTHER'S MAIDEN NAME Rose Burkhard	12. CITIZEN OF WHAT COUNTRY U S A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT John Steckel Imperial Mo (Rural)
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.) Imperial, Jefferson Mo	
20f. CITY, TOWN, OR LOCATION Imperial, Jefferson Mo		20g. COUNTY Jefferson Mo	
21. I attended the deceased from 1955 to 10/8/62 and last saw her 10/7/62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 10/9/62	
22a. SIGNATURE Reich Mo		22b. ADDRESS Imperial, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 10 1962	
23c. NAME OF CEMETERY OR CREMATORY Immaculate Cemetery		23d. LOCATION (City, town, or county) (State) Arnold Mo	
24. FUNERAL DIRECTOR Heiligttag Funera l Home Imperia l Mo		25. DATE RECD. BY LOCAL REG. 10-10-62	
26. REGISTRAR'S SIGNATURE Robert E. Bauer			

OCT 30 1962

NOV 7 1962

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 Elmer A. Hightag

Licensed Embalmer No. 3571

P. O. Address Imperial MO

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.