MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

e Do not use this space.

22572

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. 4850 S. Broadway St. Ward)

File No.....

Registered No. 6217

2. FULL NAME Mary Steinkamp

(a) Residence. No. 4850 S. Broadway St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Steinkamp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Bohemia

PARENTS

10. NAME OF FATHER Frank Sindelar

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER Catherine Shalak

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Bohemia

14. INFORMANT Florence Sondel
(Address) 4850 S Broadway

15. FILED JUL -6 1927 19.. Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 4 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1927, to July 4, 1927, that I last saw her alive on July 4, 1927, and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Cardiosclerosis, Arteriosclerosis, Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Jno A Neuleck, M. D.

, 19 (Address) 2900 California Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul

DATE OF BURIAL 7-7- 1927

20. UNDERTAKER Southern

ADDRESS 7315 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Doubek

2900 Calgary Av