

OCT 28 1927

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

Do not use this space.

28276

1. PLACE OF DEATH

County St Louis

Registration District No. 790

Township Reaumont

Primary Registration District No. 6023

City St Marys Hosp

File No. 234

Registered No. 234

St. _____

Ward) _____

2. FULL NAME Catherine A Steffen

(a) Residence, No. 1014 Tamm Dr

(Usual place of abode)

Ward. _____

(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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Geo J Steffen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16 - 1873

7. AGE

YEARS 52

MONTHS 5

DAYS 20

If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer at home

9. BIRTHPLACE (CITY OR TOWN) Louis

(STATE OR COUNTRY) _____

10. NAME OF FATHER John Lindel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany

(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Johanna Orail

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prussia

(STATE OR COUNTRY) _____

14. INFORMANT Geo J Steffen

(Address) 1014 Tamm

15. FILED 9/8 27

19. _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1927

17. I HEREBY CERTIFY, That I attended deceased from August 19 to 1927, to September 7, 1927 that I last saw him alive on September 25, 1927, and that death occurred, on the date stated above, at 4:30 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Valvular Disease Chronic (Mitral Insufficiency)
(duration) 4 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) hepatic Parenchymatous Chronic (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1290

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) August G. Richardson, M. D.

(Address) 6194 Delmar Blvd

*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 Clovaux

DATE OF BURIAL Sept 10 1927

20. UNDERTAKER Geo J Steffen

ADDRESS 1014 Tamm

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.

PERMANENT RECORD

