1836 [illegible]

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

Do not use this space.

31547

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. 1026 Julia St. ..... Ward)

File No. .....

Registered No. 18877

2. FULL NAME Alice Steffen

(a) Residence. No. 1026 Julia St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25-1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	2	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stharris
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charles Steffen

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

12. MAIDEN NAME OF MOTHER Alice Moffitt

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

14. INFORMANT Alice Steffen
(Address) 1026 Julia St Stharris Mo

15. FILED OCT -4 1927, 19 Mary C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1927, to October 1, 1927 that I last saw him alive on Sept 30, 1927, and that death occurred, on the date stated above, at 1230 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchi - Pneumonia

Secondary

109A 100A

158 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Congenital Debility

..... (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Emil Simon, M. D

10-2, 1927 (Address) 1835 S. 11 St

*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 New St Marcus Cem

DATE OF BURIAL Oct 4 1927

20. UNDERTAKER Weick Bros 2201 So

ADDRESS Grand Blvd

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

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.