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.

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

Do not use this space.

38104

1. PLACE OF DEATH

County St. Louis County — Registration District No. 790

Township — Primary Registration District No. 6023

City Richmond Hts (No. St Marys Hospital St. Ward)

File No.

Registered No. 363

2. FULL NAME Josephine Steiert

(a) Residence. No. St., Ward. Portage De Sioux Mo
(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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 25th 1873

7. AGE: Years 54 — Months 7 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Fred Siedhoff

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

12. MAIDEN NAME OF MOTHER: Elizabeth Kemper

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

14. INFORMANT: Ferdinand Steiert
(Address) Portage Des Sioux Mo.

15. FILED 12/24, 1927 J. B. Siddiff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to Dec 22, 1927, that I last saw her alive on Dec 22, 1927, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcinoma of Gall Bladder

44B (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) W. E. Leighton, M. D

, 19 (Address) 801 Braumont Bldg St Louis Mo.

*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 Francis Cemetary — DATE OF BURIAL: Dec 26th 1927

20. UNDERTAKER: H. C. Dallmeyer & Sons Co. — ADDRESS: St. Charles Mo.