

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

Do not use this space.

18274

1. PLACE OF DEATH

County CRAWFORD

Registration District No. 780

Township St. Genevieve

Primary Registration District No. 4466

City St. Genevieve

File No.

Registered No. 18

St. Ward)

2. FULL NAME

Louise M. Steigle

(a) Residence. No. St. 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

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

George Steigle

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 25 1867

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
60	9	19	

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) 59
 (c) Name of employer 59

9. BIRTHPLACE (CITY OR TOWN)

St. Genevieve

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

John Schreider

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Louise Ringwald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Adela Steigle
St. Genevieve Mo

15.

Filed

May 16, 1928 T.W. Douglas
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928

17. I HEREBY CERTIFY That I attended deceased from 12 1928 to May 17 1928 that I last saw h. ev alive on May 14 1928, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis, hemiplegia right
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Diabetes, endarteritis obliterans
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Clapsaddle M. D.

(Address) St. Genevieve 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

DATE OF BURIAL

St. Genevieve Mo May 18 1928

20. UNDERTAKER

ADDRESS

John Basher St. Genevieve

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 COMPLETELY WITH UNFADING INK—THIS IS A PERMANENT RECORD

