

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

Do not use this space.

35354

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

(No. *2230*)

Garner

File No.

Registered No.

10334

St.

Ward)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

Johanna Louise Steudtner

2230 Garner

St.

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)

widow

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

Ernst Steudtner

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

Nov 21 1846

7. AGE

YEARS *81*

MONTHS *10*

DAYS *29*

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)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Ernst L. Eckhart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Emilia C. Berger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

*E. Julius Goetzinger
12321 4 Avenue*

15.

FILED

*1 23 1928
Mar 6 Starkoff*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Oct. 20 1928

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 6*, 19*27*, to *October 20, 1928*. I last saw him alive on *October 19, 1928*, and that death occurred, on the date stated above, at *5:20 p. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

*131
93E*

(duration) *10* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic Nephritis

(duration) *3* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

AS THERE AN AUTOPSY

12/19/28
no
no
WHAT TEST CONFIRMED DIAGNOSIS *Physical Exam*
(Signed) *J. P. Klein*, M. D.

Oct 22 1928 (Address) *2730 McMain 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

DATE OF BURIAL

New Pickers Cem.

10-23 1928

20. UNDERTAKER

ADDRESS

Witt Bros. & Co. 2929 S. Jefferson

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.

