

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

Do not use this space.

42910

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3217 Cherokee

File No.
Registered No. 12180
St. Ward)

2. FULL NAME

(a) Residence. No. 3217 Cherokee St., 16 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 Philip J Steiner
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-3-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 0 9

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 Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Michael Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Steiner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Philip Steiner
(Address) 3217 Cherokee St St Louis

15. FILED 1-1-19 W E Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12-1928
17. 2 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Dec 12, 1928 that I last saw her alive on Dec 12, 1928, and that death occurred, on the date stated above, at 1:26 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocard Regurgitation
920
162 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Age (duration) yrs. 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) B. K. ... M. D.
Dec 13, 1928 (Address) 2116 Fusell 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 DATE OF BURIAL
SS Peter & Paul Ch 12-17 1928

20. UNDERTAKER ADDRESS
Weick Bros 2201 So Grand Bl

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.

13

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15