

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

Do not use this space.

43411

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4319 Hunt Avenue) St. _____ Ward _____

File No. _____
 Registered No. 12724
 St. _____ Ward _____

2. FULL NAME

Minnie Steffen
 (a) Residence No. 4319 Hunt Ave. St. 18 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Steffen</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>6-9-98-1848</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAY <u>6</u>	IF LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>At Home</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
PARENTS	10. NAME OF FATHER <u>Unknown</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-24-28
 17. I HEREBY CERTIFY, That I attended deceased from 22 1928, to 27 1928 that I last saw her alive on 12/24 1928, and that death occurred, on the date stated above, at 12.08 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108 Sabral Pneumonia
1010 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Sabral Pneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 4319 Hunt
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS Physical findings
 (Signed) Am. Jones, M.D.
 1928 (Address) 4430 Sunset 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 DATE OF BURIAL 12/27/28
 20. UNDERTAKER Kriegshauser & Co. Undertakers ADDRESS 614 N. 10th St.

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.

14. INFORMANT Jacob Steffen Jr
 (Address) 4319 Hunt Ave
 15. FILED 27 1928 May E. Stork REGISTRAR

Dr. P. Smith.
3500 S Broadway.