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

Do not use this space.

6078

1. PLACE OF DEATH
County Gasconade — Registration District No. 303 — File No.
Township — Primary Registration District No. 4182 — Registered No.
City Hermann (No. ... St. ... Ward)

2. FULL NAME Harold Eugene Steinke
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 - 1929
7. AGE: YEARS | MONTHS | DAYS 4 | If LESS than 1 day, ✓ hrs. or ✓ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓
9. BIRTHPLACE (CITY OR TOWN) Hermann (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Orville Leo. Steinke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fulton Co. (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Dessia Faylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fulton Co. (STATE OR COUNTRY) Indiana

14. INFORMANT O L Steinke (Address) Hermann Mo
15. FILED 2-4 1929 Anna Kirkhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Feb 3, 1929 that I last saw h... alive on Feb 3, 1929, and that death occurred, on the date stated above, at 10 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth
1.5 ... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) ... (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) F. H. Canghill, M. D
, 19 (Address) Herman 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: Kewanne, Ind. — DATE OF BURIAL 19
20. UNDERTAKER: Herman Blumer — ADDRESS: Hermann Mo

...y item of inform... AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so it may be properly classified. Exact statement of OCCUPATION is very important.
MAR 22 1929

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Lasconade — Registration District No. 303 — File No.
Township — Primary Registration District No. 4182 — Registered No.
City Hermann (No. , St. Ward)

2. FULL NAME Harold Eugene Steinke
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31 - 1929

7. AGE — YEARS: ✓ — MONTHS: ✓ — DAYS: 4 — If LESS than 1 day, ✓ hrs. or ✓ min.

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

9. BIRTHPLACE (CITY OR TOWN) Hermann, (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Orville Steinke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fulton Co. (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Dessie Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fulton Co. (STATE OR COUNTRY) Ind.

14. INFORMANT O. L. Steinke (Address) Hermann, Mo.

15. FILED 2-4, 1929 Anna K. Rickhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 31 - 1929 to Feb. 3, 1929 that I last saw him alive on Feb. 3 - 1929, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY)

(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) F. H. Caughell, M. D.
, 19 (Address) Hermann, 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: Kewanee Ind. — DATE OF BURIAL: 2-5, 1929

20. UNDERTAKER: Herman Blumer — ADDRESS: Hermann Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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