

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

Do not use this space.

31806

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City (No. 2934) Hathery Dr

Registration District No. 789  
Primary Registration District No. 6033B

File No. \_\_\_\_\_  
Registered No. 370  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William E Steidley

(a) Residence. No. 2934 Hathery Dr 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
74 7 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Baarus Store  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER I don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) I don't know

12. MAIDEN NAME OF MOTHER I don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) I don't know

14. INFORMANT Mr Harry Steidley  
(Address) 4166 Loughboro Ave

15. FILED 9/3 1929 Walla Gray, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1929 to Sept 1 1929  
that I last saw him alive on Sept 1 1929 and that death occurred, on the date stated above, at 2:15 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy - cerebral hemorrhage  
93 C  
829

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocarditis, chr.

(duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History + Physical findings  
(Signed) W.B. Miller M. D.

Sept 2, 1929. (Address) 1889 Railway Exch Bldg.

\*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 Bethlehem Cem

9-4 1929

**20. UNDERTAKER**

**ADDRESS**

Yes. L. Pleutsch

5966 Easton

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.

96  
A. 1029

2237

2

31

In the  
of the