

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

Do not use this space.

36438

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township St Joseph Primary Registration District No. 1001

City St Joseph (No. 1001 Keyes-Baptist Hosp St. 1361 Ward)

2. FULL NAME

Infant Katharina Steinhauer

(a) Residence. No. 1414 No 5th 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 F 4. COLOR OR RACE W 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) Nov 26-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 159 min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work No (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Steinhauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Matherni Huetel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Henry Steinhauer Address 1414 No 5th

15. FILED NOV 27 1929 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26th 1929

17. I HEREBY CERTIFY, That I attended deceased from 1929 to 1929 that I last saw h. alive on 1929, and that death occurred, on the date stated above, at 8:22 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 159 Prematurity (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Placenta previa of mother (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF NOV 16 1929 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Winton T. Stacy M. D. "127" 1929 (Address) Kirkpatrick 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 City Cem DATE OF BURIAL 11/27 1929

20. UNDERTAKER J. L. [Signature] ADDRESS 216 No 10th

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.

PARENTS

