

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

Do not use this space.

2714

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis (No. 3969th) Polomac

File No.

Registered No. 148

St. Ward)

2. FULL NAME

(a) Residence. No. 3969th Polomac St., 16 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 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 Mary Steinhaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
51 0 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Credit Man
(b) General nature of industry, business, or establishment in which employed (or employer) Kenning Schlapp Gro
(c) Name of employer Washington Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

10. NAME OF FATHER August Steinhaus

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Mary Steinhaus (Address) 3969th Polomac St

15. FILED JAN -6 1930 Wm C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1929, to Jan 4, 1930, that I last saw h. alive on Jan 4, 1930, and that death occurred, on the date stated above, at 6:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Erysipelas (Facial)
non Traumatic cause unknown
15B

CONTRIBUTORY (SECONDARY) 210 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Jan P. Hamber M. D.

114, 1930 (Address) 12597 Kingshighway

*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 Oak Grove DATE OF BURIAL Jan 6 1930

20. UNDERTAKER Wacker-Helderle ADDRESS 2331-5 Bldg

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.

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