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

Do not use this space.

8117

File No. 2490

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis. (No. 4708 Michigan Avenue. St. Ward)

2. FULL NAME Helen Steinkoetter

(a) Residence. No. 4708 Michiagn Avenue. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11,1856.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	84	8	12.	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

PARENTS

10. NAME OF FATHER William Schulte.

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

12. MAIDEN NAME OF MOTHER Dont Know.

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

14. INFORMANT Herman Steinkoetter
(Address) 4708 Michigam Avenue.

15. FILED: [illegible] 25, 19[illegible] [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2/23

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1923, to Feb. 23, 1931 that I last saw her alive on Feb. 23, 1931, and that death occurred, on the date stated above, at 6 05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6 05 P.M.

Heart Block
Arr
Cis B (duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteritis (duration) 15 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? Electrocardiograph
(Signed) A. F. Cleveland M. D.
Feb. 24, 1931 (Address) 3326 Meramec

*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 SS. Peter & Paul Cemetery. DATE OF BURIAL Feb.26, 1931.

20. UNDERTAKER H. Gebken L & D Co. ADDRESS 3326 Meramec

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.