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.

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

Do not use this space.

✓ 32952

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. [illegible]

City St Louis Mo (No. 5333, Bartmer Ave St. ..... Ward)

File No. .....

Registered No. 9826

2. FULL NAME Mary M Steinwender

(a) Residence, No. 5333 Bartmer St., 5 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15-1836

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
94	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Unknown Medart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs E. D. Rae
(ADDRESS) 5333 Bartmer Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Sept 21, 1931

19. UNDERTAKER W. Ambrusta Ind Co
(ADDRESS) 4234 Manchester Ave

20. FILED SEP 21 1931 19 Max C Harkin Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1930, 19..., to Sept 19, 1931

I last saw her alive on Sept 16, 1931. Death is said to have occurred on the date stated above, at 930 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis 131	1925?
Arterio-sclerosis 97	1925?

Other contributory causes of importance:

General senile Changes

Name of operation no Date of

What test confirmed diagnosis? Lab tests Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Joseph Davie M. D.

(Address) 653 Century Bldg

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Zbodiamont
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