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

Do not use this space.

37353

File No. ____

Registered No. 127

1. PLACE OF DEATH
County: Franklin
Township: St Johns
City: Near Washington (No. ____, ____ St. ____ Ward)

Registration District No. 297
Primary Registration District No. 3414

2. FULL NAME: Caroline Dina. Steffens Nee Eveker

(a) Residence. No. 5 Miles S E of Washington Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

DEC 22 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Nicklaus Steffens

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 25th 1857

7. AGE: YEARS 74 years; MONTHS 9; DAYS 0; If LESS than 1 day, ____ hrs. or ____ min.

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

9. BIRTHPLACE (CITY OR TOWN): Cheltenham
(STATE OR COUNTRY): St Luois Co Mo

PARENTS

10. NAME OF FATHER: Anthony Eveker
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ____
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Angeline Menkhaus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ____
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs E A Brinker
(Address): R F D # 2 Washington Mo

15. FILED: Nov 27, 1931 O. L. Mueneh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931 to Nov. 25, 1931 that I last saw h. alive on Nov. 25, 1931, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
59
(duration) 7 yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF ____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urine test.
(Signed) J. D. Mangrum, M. D.
Nov. 27, 1931 (Address) Washington Mo

*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: Catholic Cemetery Nov 28th-1931
DATE OF BURIAL: Nov. 28 1931

20. UNDERTAKER: Otto & Co Washington Mo
ADDRESS: ____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD