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

Do not use this space.

40695

1. PLACE OF DEATH
County Greene Co. Registration District No. 321
Township Primary Registration District No. 3444
City Battlefield Mo (No. St. Ward)

File No.
Registered No. 20

2. FULL NAME Wm L Steinert
(a) Residence. No. Route No 1 St., 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)
M.	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	2	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 82A
(b) General nature of industry, business, or establishment in which employed (or employer) 82B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ponce De Leon
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Charley Steinert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mattie Cantrell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Steinert
(Address) Battlefield R. 1

15. FILED Dec 30, 1931 W L Turner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 13th, 1931, to Dec 29, 1931 that I last saw him alive on Dec 29, 1931, and that death occurred, on the date stated above, at 10:00 A.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral hemorrhage
Hemiplegia left side
(duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Respiratory & Cardiac failure (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C B Elkins, M. D.
, 19 (Address) 318 1/2 College St

*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 Payne Cemetery
DATE OF BURIAL Dec. 31 1931

20. UNDERTAKER Alma Lohmeyer Funk Home
ADDRESS 534 St Louis

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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