

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

Do not use this space.

2761

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis Mo (No. 4541 a)

Fair Ave

File No.
Registered No. 463
St. Ward

2. FULL NAME

Ernst H. Steinhäuser

(a) Residence, No. 4541 a Fair St. 10 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 16

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Ret

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

13. NAME Steinhäuser

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

15. MAIDEN NAME Sophie Eschmann

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

17. INSTANT ADDRESS Mrs. Emelie Steinhäuser 4541 a Fair Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE No Cremation DATE Jan 16 1932

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 7161 Fair Ave

20. FILED Jan 15 1932 May C. Starke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1932

22. I HEREBY CERTIFY That I attended deceased from 11:55 19... to 19...
I last saw h..... alive on..... 19... Death is said to have occurred on the date stated above, at 11:55 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Date of onset

Other contributory causes of importance:
930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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?
If so, specify
(Signed) J. W. Kerney M.D.
(Address) Dep. Coroner

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.

