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

Do not use this space.

12585

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 1520
Township Kan — Primary Registration District No. — Registered No.
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Joseph J. Steehn ~~Philander C.~~
(a) Residence, No. 1602 Wolcott St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 Mary Louise Steehn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-11-1872

7. AGE: Years 59 — Months 4 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Towler Pack. Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Salesman 172
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. 1

FATHER
13. NAME Herman J. J. Steehn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Mary Gymer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 9

17. INFORMANT (ADDRESS) Record Clerk Kansas City General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia, Mo. DATE 4-11-1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn, ave.

20. FILED 4-10-1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-2-1932, to 4-9-1932
I last saw him alive on 4-9-1932. Death is said to have occurred on the date stated above, at 1:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Bronchopneumonia	
1078	
1078	
1078	
1078 (1)	

Other contributory causes of importance:
Thrombophlebitis
Perirectal Abscess

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) P. E. Williams, M. D.
(Address) Supt. K. C. General Hospital

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