

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

Do not use this space.

19159

1. PLACE OF DEATH

36 County Franklin
Township Franklin
City Franklin (No. _____) (St. _____) (Ward _____)

Registration District No. 292
Primary Registration District No. 5410

File No. _____
Registered No. _____

2. FULL NAME

Mrs Florain Steiger

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florain Steiger</u>		
OCCUPATION	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-12-1857</u>		
	7. AGE	YEARS <u>75</u>	MONTHS <u>5</u>
		DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
OCCUPATION	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>all</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> 10		
FATHER	13. NAME <u>Christ Spok</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>W. Knauff</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J. G. Steiger</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Britain</u> DATE <u>10-19-1932</u>			
19. UNDERTAKER (ADDRESS) <u>W. B. Perry</u> <u>New Britain</u>			
20. FILED <u>Jun 17 1932</u> Registrar			

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 16, 1932
I last saw her alive on June 16, 1932 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Influenza
11A
100D 11A
Other contributory causes of importance:
Bronchitis ①

Date of onset	<u>6-1-32</u>
---------------	---------------

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? No 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 Woman
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) B. A. Goodrich, M. D.
(Address) New Haven, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1932

