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.

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

Do not use this space.

21398

1. PLACE OF DEATH

County ..... Registration District No. 791 5003

Township ..... Primary Registration District No. .....

City St Louis Mo (No. 5623 Magnolia St. ..... Ward)

File No. .....

Registered No. 5957

2. FULL NAME FREDRICK STEEG

(a) Residence, No. 5623 N. Magnolia St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 5 mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Steeg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1859

7. AGE YEARS 73 MONTHS — DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July 1930

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Fred Steeg Jr.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter & Paul DATE June 27 1932

19. UNDERTAKER (ADDRESS) Jay B Smith 4355 Washington

20. FILED JUN 25 1932 Alex C Parker Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 2, 1932, to June 24, 1932

I last saw him alive on June 24, 1932. Death is said to have occurred on the date stated above, at 2 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gastric	
46B	

Other contributory causes of importance: 46B

(1)

Name of operation none Date of .....

What test confirmed diagnosis? Xray 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? no

If so, specify .....

(Signed) J. P. Hemerich Jr, M. D.

(Address) 6200 Columbia Ave