

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

Do not use this space.

37700

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis No. City Hospital

File No. ....  
Registered No. 10395  
St. .... Ward)

# 11794

**2. FULL NAME**

(a) Residence, No. 1251 X University St. Ward 20  
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Margaret Steffen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	55	6	28	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>63</u>	
	10. Date deceased last worked at this occupation (month and year)	

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

FATHER 13. NAME Fred Steffen

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

MOTHER 15. MAIDEN NAME Amelia (unknown)

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

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL St. Stephens Cem. DATE Nov. 25, 1932

19. UNDERTAKER (ADDRESS) Joe Dr. Clark

125 Hodgson

20. FILED 1132 19 32 Registrar Max C. Steffen

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21st, 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 11th, 1932, to Nov. 21st, 1932  
I last saw him alive on Nov. 21st, 1932 Death is said to have occurred on the date stated above, at 5:20 PM  
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease  
Chronic Myocarditis  
131  
130  
131  
Other contributory causes of importance:  
Chronic Nephritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clin 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 ..... 1

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) McElman M. D.  
(Address) City Hospital

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.

*St. John*