

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

Do not use this space.

6869

1. PLACE OF DEATH
 92 County St. Charles Registration District No. 757
 4 Township St. Charles Primary Registration District No. 3036
 3 City St. Charles (No. Emmanuel Home) St. _____ Ward _____
 2. FULL NAME Anna Kansteiner
 (a) Residence, No. 219 S. 6th St. _____ Ward 2
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1859.</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		
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) <u>about Sept. 1</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
13. NAME <u>J. F. Kansteiner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Maria Clara Scheip</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. Wm. Kansteiner</u> (ADDRESS) <u>219 S. 6th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lutheran Cem</u> DATE <u>Feb. 20, 1933</u>		
19. UNDERTAKER <u>Steinbrinkers</u> (ADDRESS) <u>St. Charles, Mo.</u>		
20. FILED <u>7/20</u> 19 <u>33</u> <u>Hy. J. Bloebaum</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 30/33, 1933 to Feb. 19, 1933
 I last saw her alive on Feb. 18, 1933 Death is said to have occurred on the date stated above, at 3:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Broken Compensation 10 days
due to
Gran Arterio sclerosis
& Paralysis Disease 10 yrs.

Name of operation none Date of _____
 What test confirmed diagnosis? Sigur. S. S. 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) A. P. Eschig Schenk M. D.
 (Address) St. Charles, Mo.

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.

