MARGIN RESERVED FOR BINDING

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.

APR 28 1933

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

Do not use this space.

14450

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township Central — Primary Registration District No. 6033 — Registered No.

City Clayton (No. Stl Louis County Hospital St. Ward)

2. FULL NAME William Steinmeyer (STEINMEYER)

(a) Residence, No. 6501 Corbitt University City (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1929

7. AGE: 3 YEARS, 8 MONTHS, 26 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME William Steinmeyer

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

MOTHER

15. MAIDEN NAME (Kathrown) Lash

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

17. INFORMANT (ADDRESS) William Steinmeyer 6501 Corbitt Ave U. City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutherman Hanson Rd DATE 4-12 1933

19. UNDERTAKER (ADDRESS) Louis H. Bopp Cla Kirkwood Mo.

20. FILED Apr. 10 1933 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933 to April 9, 1933

I last saw him alive on April 9, 19.... Death is said to have occurred on the date stated above, at 12:00 noon

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

Broncho pneumonia

1570 1078 1570

Date of onset

Other contributory causes of importance: Hydrocephalus

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) A. T. Hume, M. D.

(Address) St. Louis Co. Hosp.

V. S. No. 2