

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

Do not use this space.

**25916**

1. PLACE OF DEATH  
 21 County Chariton Registration District No. 175  
 5 Township Salisbury Primary Registration District No. 4104  
 21 City Salisbury (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 2. FULL NAME Louis Henry Steinbach  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 40

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-23-1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 10 10  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Aug 3, 1933.  
 I last saw him alive on Aug 2, 1933. Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cancer of the Stomach  
46

Date of onset 7-17-33

Other contributory causes of importance: 46  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-Ray 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) W. O. Harrison, M. D.  
 (Address) Reynolds Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 13. NAME Wm. Reardon  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE 8-5-33  
 19. UNDERTAKER (ADDRESS) Wm. Reardon  
 20. FILED 8/3 33 Wm. Reardon Registrar.

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.

SEP 26 1933

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