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.

OCT 20 1933

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

Do not use this space.

31580

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8289

City St Louis (No. City Hosp St. ..... Ward)

1831

2. FULL NAME Moy Steiger

(a) Residence, No. 15079 Benton St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

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 Val Steiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21-1894

7. AGE YEARS 38 MONTHS 11 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Kenneth Mo

FATHER

13. NAME Marion Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terra Haute Ind

MOTHER

15. MAIDEN NAME Elizabeth Waggle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terra Haute Ind

17. INFORMANT (ADDRESS) Hosp Inf M Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Cem DATE Sept. 23 1933

19. UNDERTAKER (ADDRESS) Ambuster Und Co 4234 Manchester Ave

20. FILED SEP 23 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1933, to 9-22, 1933

I last saw her alive on 9-22, 1933. Death is said to have occurred on the date stated above, at 9 40 m.

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

Pyelonephrosis
Gangrene of Bladder
Pernicious Anemia
135A
71A

Date of onset

Other contributory causes of importance:

135A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) H. B. Lood, M. D.

(Address) City Hosp