FEB 27 1934

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

Do not use this space.

1564

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Marion — Primary Registration District No. 3020 — Registered No.
City Carthage (No. , St. Ward)

2. FULL NAME Louise H. Steinkamp
(a) Residence, No. 402 Orchard St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Otto H. Steinkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1883

7. AGE — YEARS: 50 — MONTHS: 10 — DAYS: 6 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Washington Co. Illinois

FATHER
13. NAME August Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Illinois

MOTHER
15. MAIDEN NAME — Jasper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Illinois

17. INFORMANT (ADDRESS) Otto H. Steinkamp 402 Orchard - Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sinclair Mo DATE Jan. 14, 1934

19. UNDERTAKER (ADDRESS) Kneel Mortuary Carthage Missouri

20. FILED Jan 13, 1934 S. B. Clinton Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1933, to Jan 13, 1934
I last saw her alive on Jan 13, 1934 Death is said to have occurred on the date stated above, at 9:15 am
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza & Pneumonia (Broncho pneumonia) | 1/8-/34 |

Other contributory causes of importance: Chronic Nephritis

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) D. X. Cordonnier, M. D.
(Address) Carthage Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.