

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

Do not use this space.

2661

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis Mo. (No. Christian Hosp.)
 File No.
 Registered No. 280
 St. Ward

2. FULL NAME

Emma S. Steinmeyer
 (a) Residence, No. 4420 Athlone Ave St. 9 Ward. (If nonresident, give city or town and State)
 (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.

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry W. Steinmeyer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20 - 1861</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>17</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>				
FATHER	13. NAME <u>Herman Winkenhower</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Henry W. Steinmeyer</u> (ADDRESS) <u>4420 Athlone Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns</u> DATE <u>Jan 10 1934</u>				
19. UNDERTAKER <u>W. J. Leidner</u> (ADDRESS) <u>2714 1/2 N. Market St.</u>				
20. FILED <u>H. J. Bredeck</u> Regist. <u>1/8/34</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1934

22. I HEREBY CERTIFY, that I attended deceased from March 17, 1932 to Jan 7, 1934
 I last saw her alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at 2-11 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Hypostatic Date of onset 12-18
Chronic Nephritis
Chronic Myocarditis
Chronic Cholecystitis
 Other contributory causes of importance
 Name of operation 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) H. J. Bredeck, M. D.
 (Address) 3621 N. 70th St.

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.

1/8/34

