

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

Do not use this space.

MAY 25 1934

791

14814

**1. PLACE OF DEATH**

County .....

Registration District No. **1003**

File No. ....

Township .....

Primary Registration District No. ....

Registered No. **4008**

City **St. Louis** (No. **Desloge Hospital**)

St. .... Ward)

**2. FULL NAME**

**William W. Steiner**

(a) Residence, No. **6162 Page Blvd. N. P.** Ward. **St. Louis Co.**  
(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) **Oct. 20, 1878**

7. AGE YEARS **55** MONTHS **5** DAYS **30** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **merchants ice & Coal Co.**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

13. NAME **Edward C. Steiner**

14. BIRTHPLACE (CITY OR TOWN) **Georgia** (STATE OR COUNTRY) .....

15. MAIDEN NAME **Mary J. Matthews**

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

17. INFORMANT (ADDRESS) **Miss. Carrie Steiner 6162 Page Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **April 19, 1934**

19. UNDERTAKER (ADDRESS) **Geo. W. Clark 1125 St. Ann St.**

20. FILED **April 20, 1934 J. Biedeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 19, 1934**

22. I HEREBY CERTIFY That I attended deceased from **April 6, 1934** to **April 19, 1934**

I last saw him alive on **April 17, 1934** Death is said to have occurred on the date stated above, at **9:30** a.m.

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

**Carcinoma of liver**  
**HFE**  
**46**

Name of operation **Laparotomy** Date of **4-17-34**

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? **no**

If so, specify. **acute leukemia**

(Signed) **1300 A Buchanan**, M. D.  
(Address) **1300 A Buchanan**

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.

