

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... **St. Louis Mo** (No. **3856 Federal Place**) St. .... Ward)

File No. **22110**  
 Registered No. **5874**

**2. FULL NAME**

(a) Residence, No. **3856 Federal** St. .... Ward. ....  
 (Usual place of abode) **Federal** (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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 21 - 1846**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**88 2 21**

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

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) **Germany**

13. NAME **Not known**

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

15. MAIDEN NAME **Not known**

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

17. INFORMANT (ADDRESS) **Mrs. Hy Steffens**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **June 14 1934**

19. UNDERTAKER (ADDRESS) **John & Ziegenhain & Sons**

20. FILED **11 19 1934** **J. Brebeck** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 9<sup>th</sup>** to **June 11<sup>th</sup>**, 19**34**  
 I last saw him alive on **June 11<sup>th</sup>**, 19**34** Death is said to have occurred on the date stated above, at **440 A.**

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

**Chronic Int. Nephritis** Date of onset **4/9/34**  
**131**  
 Other contributory causes of importance: **Acute Haemial** **131** **4/9/34**

Name of operation **none** Date of **none**  
 What test confirmed diagnosis? **every** 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 **W. D. Ruffer, M. D.**  
 (Signed) **W. D. Ruffer, M. D.**  
 (Address) **3103 Arsenal 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.

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