SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 28426

Township: — Primary Registration District No.: 1001 — Registered No.: 1011

City: St. Joseph, (No. Mercy Hospital St. Ward)

2. FULL NAME: Mamie Louise Steinman

(a) Residence, No. R.F.D.#1. St. Joseph, St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 13, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	12	11	18	

OCCUPATION

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

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): St. Joseph, Mo.

FATHER

13. NAME: Fred Steinman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

MOTHER

15. MAIDEN NAME: Mamie M. Kimber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

17. INFORMANT (ADDRESS): Mrs. Mamie Steinman R.F.D.#1. City.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Memorial Park Cem. DATE: Sept. 3, 1934

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: 9-3-1934 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 31, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1934, to Aug 31, 1934

I last saw her alive on Aug 31, 1934. Death is said to have occurred on the date stated above, at 6.50 m. A.M.

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

Ruptured appendix and Peritonitis

121A

121B

Date of onset

Other contributory causes of importance:

129

121a

Name of operation: Appendectomy Date of Aug 30-34

What test confirmed diagnosis? Epilectomy 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?

If so, specify

(Signed) Hooker N. Toepen, M.D.

(Address) First State Bank Bldg, St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.