

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

Do not use this space.

30849
8111

1. PLACE OF DEATH

SEP 13 1934

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City *St. Louis*

(No. *2627* Arkansas Ave.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Sigmund Steiner

(a) Residence, No. St. *17* Ward.

(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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 14 - 1849*

7. AGE YEARS *85* MONTHS *-* DAYS *23* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Cattle Dealer* 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*

FATHER 13. NAME *Sigmund Steiner*

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

MOTHER 15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Wm. Steiner 6732 Southwood*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Sinai Cem.* DATE *8-9* 1934

19. UNDERTAKER (ADDRESS) *H. Rindskopf 5216 Polymath*

20. FILED *AUG - 8 1934* *J. Bredbeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 7* 1934

22. I HEREBY CERTIFY, That I attended deceased from 1924 to *Aug 7* 1934

I last saw h. l. m. alive on *Aug 6* 1934. Death is said to have occurred on the date stated above, at m.

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

Chronic Uræmia
Chronic Myocarditis
Chronic Interstitial Neph.
Arteriosclerosis
Date of onset *7/25/34*

Other contributory causes of importance: *None*

Name of operation *None* Date of
What test confirmed diagnosis? *Cx.* 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) *A. D. Superstide* M. D.
8/9/34 (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.

WRITE PLAINLY, WITH UNFADING INK IN THESE SPACES

