

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

Do not use this space.

DEC 13 1934

41028

1. PLACE OF DEATH

County..... Registration District No. 721
Township..... Primary Registration District No. 1003
City, St. Louis, Mo. (No. 3237, Delmar Blvd) St. _____ Ward _____

File No. _____
Registered No. 10977
St. _____ Ward _____

2. FULL NAME

Julia Austin Steen
(a) Residence, No. 3237 Delmar Blvd, St. _____, 21 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 Female 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____ ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 64

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

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) Jackson Tenn

13. NAME Lit Summerville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

15. MAIDEN NAME Lidia Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT George Steen
(ADDRESS) 3237 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Nov 17th 1934

19. UNDERTAKER A. L. Beal and Co.
(ADDRESS) 2726 Lucas Ave

20. FILED 17 1934 19 _____
J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:26 P.M

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

Chronic Myocarditis,
Chronic Interstitial Nephri-
tis, Cirrhosis of Liver,
Aortitis.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. H. Conway M.D.

(Address) Deputy, Board

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.

