

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.

JAN 9 1935

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois
Township Condellton
City Deer Run, Mo. (No. _____)

Registration District No. 773
Primary Registration District No. 6023

File No. 44219
Registered No. 173
St. _____ Ward _____

2. FULL NAME

John Steiner
(a) Residence, No. _____ St. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1858

7. AGE YEARS 76 MONTHS 1 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) Switzerland

FATHER 13. NAME John Steiner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. John Steiner
Deer Run, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE J. O. T. Co. DATE 12-22-1934

19. UNDERTAKER (ADDRESS) Widener, Reed & Co
Farmington, Mo.

20. FILED Dec 21, 1934 T. H. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934, to Dec 19, 1934.
I last saw _____ alive on Dec 19, 1934. Death is said to have occurred on the date stated above, at 4:45 P. M.

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

Coronary Thrombosis
General Atherosclerosis
Date of onset _____
Other contributory causes of importance _____

Name of operation Clinical Date of _____
What test confirmed diagnosis? _____ 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 Applying, M. D.
(Signed) _____
(Address) Youngton Mo

