

FEB 2 0 1935

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

Do not use this space.

410

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125-  
Township \_\_\_\_\_ Primary Registration District No. 3009 File No. \_\_\_\_\_  
City Cape Girardeau Mo (No. Southeast Mo. Hospital) St. \_\_\_\_\_ Registered No. 3 Ward \_\_\_\_\_

2. FULL NAME

Steffens; Shirel Dennis  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Wittenberg Mo  
(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Mo.

13. NAME Rudolph Steffens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Mo

15. MAIDEN NAME Lydia Pils

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Mo

17. INFORMANT (ADDRESS) Rudolph Steffens

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Allenburg Mo DATE Jan 2, 1935

19. UNDERTAKER (ADDRESS) Young & Feinuck, Cape Girardeau Mo.

20. FILED Jan 2, 1935 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31<sup>st</sup>, 1934, to Jan 2<sup>nd</sup>, 1935.

I last saw him alive on Jan 1<sup>st</sup>, 1935. Death is said to have occurred on the date stated above, at 2<sup>30</sup> p.m.

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

surgical shock -  
15721

Other contributory causes of importance:  
intestinal obstruction due to congenital deformed rectum peritonitis, suppurative and colostomy

Name of operation colostomy Date of Dec 5/34  
What test confirmed diagnosis? operation 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) E. R. Schuch, M. D.  
(Address) Cape Girardeau, Mo.

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.

