

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

Do not use this space.

2707

1. PLACE OF DEATH **MAR 1 1935**

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City St. Louis (No. 2520, McLaram Ave) St. _____ Ward _____

File No. _____
Registered No. 250-7

2. FULL NAME Emilie Steinmetz
(a) Residence, No. 1907 Dodier St 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30 - 1861</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Ills.</u>		
FATHER	13. NAME <u>John Zinck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Marie Wise</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Fotta Postach</u> (ADDRESS) <u>1907 Dodier St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quincy Ills</u> DATE <u>Jan 22 1935</u>		
19. UNDERTAKER <u>Hy Leidner and Co</u> (ADDRESS) <u>2617 N. Market St</u>		
20. FILED <u>Jan 22 1935</u> <u>H. G. Zeitler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11th, 1932 to Jan 20th, 1935
I last saw her alive on Jan 19th, 1935. Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 1/18
Chronic Angina pectoris 1932

Other contributory causes of importance:
Chronic Angina pectoris

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Edwin J. Kroslich M. D.
(Signed) _____ (Address) 3635 So. Mumfords Ave.

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.

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