

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

Do not use this space.

FEB 21 1935

3267

1. PLACE OF DEATH

County Registration District No. 791
 Township St Louis Primary Registration District No. 1008
 City St Louis (No. 3192 Talcott Ave) Registered No. St. 561 (Ward)

2. FULL NAME

(a) Residence, No. 5192 Talcott Ave - 9 Ward. (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>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Indermark</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1870</u>					
7. AGE YEARS <u>64</u>		MONTHS <u>7</u>		DAYS <u>8</u>	
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. <u>At Home</u>					
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>St Louis, Mo</u>					
13. NAME <u>William Steinkamp</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
15. MAIDEN NAME <u>Not known</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
17. INFORMANT <u>Charles Indermark</u> (ADDRESS) <u>5192 Talcott Ave</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stedens</u> DATE <u>Jan 16, 1935</u>					
19. UNDERTAKER (ADDRESS) <u>Math Hermannson</u> <u>216 E. 4th Ave</u>					
20. FILED <u>AN 15 1935</u> <u>J. T. Bredeck</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 13 1935 to Jan 13 1935.
 I last saw her alive on Jan 13 1935. Death is said to have occurred on the date stated above, at 9:00 p. m.
 The principal cause of death and related causes of importance were as follows:
myocarditis
Chagum
ASU
 Other contributory causes of importance:
arteriosclerosis

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? Yes
 If so, specify Charles W. Nehl, M. D.
 (Address) 4576 Latunde St

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.

