

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.

FEB 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003  
Township ..... Primary Registration District No. ....  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 768  
St. .... Ward)

3461

2. FULL NAME

(a) Residence, No. 229 1/2 W. Stein 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>Male</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>Mae Steffens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5, 1888</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>6</u>
	DAYS <u>15</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	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 .....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1935

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 3:30 P.

The principal cause of death and related causes of importance were as follows:  
Fractured Skull; Subdural hemorrhage of Brain, received in fall down steps to concrete walk in yard at residence, Jan. 19, 1935, at abt. 6:55 P.M.

Other contributory causes of importance: .....

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia, Mo.</u>
	13. NAME <u>Henry Steffens</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Ellen Kueck</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mrs. M. Steffens 229 1/2 W. Stein</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Trinity</u> DATE <u>Lutheran 1-23-1935</u>
	19. UNDERTAKER (ADDRESS) <u>Southern Und. Co. 6322 S. Grand Blvd.</u>
	20. FILED <u>V 21 1935</u> 19 <u>J. Bredeck</u> Registrar.

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? Accident Date of injury 1/19, 1935  
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Home

Manner of injury Fall  
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) J. Bredeck, M. D.  
(Address) St. Louis, Mo.

