

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

Do not use this space.

3881

MAR 1 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township _____ Primary Registration District No. 6248 B
 City Jefferson Barracks (No. Veterans Administration Facility St. _____ Ward)

2. FULL NAME Fred B. Steeg

(a) Residence, No. 5623 North Magnolia St. _____ Ward. St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. Wn 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>Mary Steeg</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 25, 1891</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>-</u>	DAYS <u>-</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>Foreman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sewer Pipe Company</u>			
	10. Date deceased last worked at this occupation (month and year) <u>October 1934</u> 11. Total time (years) spent in this occupation <u>11 yrs</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>				
FATHER	13. NAME <u>Fred Steeg</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Germany</u>			
MOTHER	15. MAIDEN NAME <u>Mary Helmsing</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Germany</u>			
17. INFORMANT <u>W. C. GIBSON, M.D.</u> (ADDRESS) <u>Vet. Adm. Facility, Jeff. Brks., Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>Jan. 28 1935</u>				
19. UNDERTAKER <u>J. B. Smith</u> (ADDRESS) <u>Maplewood, Missouri</u>				
20. FILED <u>Jan. 26 1935</u> <u>G. Mowry</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1934, to January 25, 1935
 I last saw him alive on January 25, 1935. Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Nephritis, chronic, complicated with uremia. Date of onset Unkn

Other contributory causes of importance:
Hypertension, severe; arteriosclerosis, peripheral; pericarditis, fibrinous; anemia, symptomatic, severe.

Name of operation None Date of _____
 History, physical, x-ray and laboratory No. _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 Findings, clinical manifestations.

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 _____
 (Signed) W. C. GIBSON, M.D. Chief Med. Officer
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

WHILE PRINTING, 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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