

JUN 12 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. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo* No. *5800 Arsenal*

File No. **15079**

Registered No. **3973**

St. Ward)

2. FULL NAME *Cecilia Steins*

(a) Residence, No. *5800 Arsenal* St., *13* Ward.

(Usual place of abode) *City of St. Louis* (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *65* yrs. *0* mos. *14* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank Steins*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 15, 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 *0* *14*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *St. Louis Mo*

13. NAME *John Niehaus*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wetznauer*

15. MAIDEN NAME *Gertrude Tolhaus*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Wm. Handsheimer* (ADDRESS) *5800 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL *Calvary Cem.* DATE *May 2, 1935*

19. UNDERTAKER *Hy. Ledner* (ADDRESS) *1417 1/2 Market St.*

20. FILED *MAY - 1 1935* *J. J. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 29, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 1, 1934* to *April 29, 1935*

I last saw her alive on *April 29, 1935* Death is said

to have occurred on the date stated above, at *5:25 P.M.*

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

Cerebral hemorrhages (several) Date of onset *7/3/34*

Other contributory causes of importance *Hypertension, Arteriosclerosis, Senility* } 1933

Name of operation Date of..... What test confirmed diagnosis? *Clinical* 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 *Marvin T. How, Jr., M. D.* (Signed) (Address) *5600 Arsenal St.*

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.

