

JAN 13 1936

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

Do not use this space.

41503

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis, Mo (No. 1008) City, Supervisory St. Ward)

File No. 10747
Registered No.

2. FULL NAME

(a) Residence, No. 2800 Arsenal St., West End Ward 13
(Usual place of abode) City, Supervisory (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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>Frances</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23, 1866</u>				
7. AGE YEARS <u>1866</u>	YEARS <u>69</u>	MONTHS <u>4</u>	DAYS <u>24</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>Mechanic Nahl</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Chain Co.</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>Iowa</u>				
MOTHER FATHER	13. NAME <u>Peter Steelling</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Caroline Brickerkamp</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>E. M. Long</u> (ADDRESS) <u>2800 Arsenal St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem</u> DATE <u>12/20 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Proghan Undertaking Co. Inc. 1146 Manchester Ave</u>				
20. FILED <u>DEC 19 1935</u> <u>J. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1935

I HEREBY CERTIFY, That I attended deceased from August 9, 1934 to December 17, 1935

I last saw him alive on December 17, 1935 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:
arteriosclerotic heart disease Date of onset 100

Other contributory causes of importance:
Plugging & effusions Results of Labrad pneumonia

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?..... 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) C. J. Smith M. D.
(Address) 1746 Manchester 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.

