MAR 16 1936

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

Do not use this space.

4643

File No.
Registered No. 187

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph. (No. 823 So. 14th. St. St. Ward)

2. FULL NAME Charles Cromwell Stein

(a) Residence, No. 823 So. 14th. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: May V. Stein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car Repairer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Burlington R.R. Retired 1 Year.
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frederick, Maryland.

FATHER
13. NAME: Lewis Stein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York, N.Y.

MOTHER
15. MAIDEN NAME: Leanora Cromwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frederick, Md.

17. INFORMANT (ADDRESS): Mrs. May V. Stein, 823 So. 14th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Mora Cemetery DATE: Feb. 12, 1936, 19

19. UNDERTAKER (ADDRESS): Walter Meierhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 2-11, 19 36 John R. Benton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 9, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936 to 2-9, 1936
I last saw h. 1m alive on 2-9, 1936. Death is said to have occurred on the date stated above, at 9.30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 13-36
Other contributory causes of importance: Arteriosclerosis	?

Name of operation: None — Date of
What test confirmed diagnosis? Findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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: —
(Signed) D. W. Clark, M. D.
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

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.