MAR 12 1936

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

Do not use this space.

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File No. 2163

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Primary Registration District No.

Township

City St. Louis (No. 4037 A Labadie St. Ward)

2. FULL NAME Barbara A. Steffan

(a) Residence, No. 4037 A. Labadie St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — 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 Jacob Steffan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 – 1850

7. AGE: Years 86 | Months 0 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 65 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME John L. Fick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Katherine Lochmueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Katherine Studt
(ADDRESS) 4037 A. Labadie

18. BURIAL, CREMATION, OR REMOVAL Bumbo, cemetery
PLACE Bumbo, Mo. DATE Feb 29 1936

19. UNDERTAKER Schrader Funeral Home
(ADDRESS) Ballwin Mo.

20. FILED FEB 27 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934, to Feb 25, 1936

I last saw h. alive on Feb 25, 1936. Death is said to have occurred on the date stated above, at 9:15 p. m.

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

Lobar Pneumonia — Date of onset

Bilateral

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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? N.A.

If so, specify

(Signed) Walter F. Harper, M. D.

(Address) 2000 N. Hanley

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD