

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

Do not use this space.

17426

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **1808** * **Madison**)

File No.....
Registered No. **4197**
St. Ward)

2. FULL NAME

Gustave Steffen
(a) Residence, **1808 1/2 Madison St.** **26** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) **Christina Steffen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 3-1851**

7. AGE YEARS **84** MONTHS **5** DAYS **11** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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) **Missouri**

13. NAME **Mrs. Steffen**

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

15. MAIDEN NAME **Catherine Wolberg**

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

17. INFORMANT **Christina Steffen**
(ADDRESS) **1808 1/2 Madison St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **April 17 1936**

19. UNDERTAKER **E. J. Schuer**
(ADDRESS) **3125 Lafayette av.**

20. FILED **APR 17 1936** **J. W. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 14** 19**36**

22. I HEREBY CERTIFY, that I attended deceased from **Mar 1** 19**36**, to **Apr 14** 19**36**

I last saw h. alive on **Apr 13** 19**36** Death is said

to have occurred on the date stated above, at **9:30 p.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (acute exacerbation) Date of onset

Other contributory causes of importance
General Atherosclerosis with a Chr. Pancreatitis

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) **D. B. Becker** M. D.
(Address) **2206 Howard 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.

WHILE COMPLETE, WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

