

JUN 6 1936

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

Do not use this space.

21475 ✓

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *791*

File No.

Township

Primary Registration District No. *1003*

Registered No. *5716*

City

(No. *5600 Arsenal*)

St. Ward)

2. FULL NAME *Ella Steinbauer*

(a) Residence, No. *3202 Magnolia* St. *17* Ward.

(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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 26, 1883*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*52 8 3*

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

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) *Bellville, Ill.*

13. NAME *John Steinbauer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bellville, Ill.*

15. MAIDEN NAME *Elizabeth Leiner*

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

17. INFORMANT (ADDRESS) *John Steinbauer, 3202 Magnolia St., St. Louis, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefleur* DATE *June 1, 1936*

19. UNDERTAKER (ADDRESS) *Leudtich & Co., Bellvue, Ill.*

20. FILED JUN 1 1936 *J. J. Diebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ..... 19... Death is said to have occurred on the date stated above, at ..... m.

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

*Encephalomyelitis* Date of onset

Other contributory causes of importance: *820*

Name of operation ..... Date of ..... What test confirmed diagnosis? *autopsy* 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? ..... If so, specify .....

(Signed) *John J. Diebeck* M.D.

(Address) *2191/36*

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.

MARGIN RESERVED FOR BINDING

WRITE DAILY, WITH DIRECTION (K-THIS IS A PERMANENT RECORD)

APP

**MISSOURI STATE BOARD OF HEALTH  
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**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis* (No. *5600 Arsenal*)

Registration District No. *791*  
Primary Registration District No. *1003*

File No.....  
Registered No. *5716*  
St. .... Ward)

**2. FULL NAME**

*Elle Steinhauer*  
(a) Residence, No. *3202 Magnolia* St., ..... Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *f* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *s* (write the word)

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

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

7. AGE YEARS *52* MONTHS ..... DAYS ..... If LESS than 1 day, ..... hrs. or ..... min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED *6-15-36* *J. J. Predeek* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

*Encephalomalacia* Date of onset

*Cerebral embolism*

Other contributory causes of importance:

Name of operation *SPC* 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) *John J. Sweeney, Depl.*  
(Address).....

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.

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