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.

JUN 27 1936

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

Do not use this space.

21795

1. PLACE OF DEATH
County Warren
Township History Grove
City (No. St. Ward)
Registration District No. 882
Primary Registration District No. 6174
File No.
Registered No. 8

2. FULL NAME Wm H Steinmesch.
(a) Residence, No. Wright City Mo. St., 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)~~ Amelia Steinmesch.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4th 1870

7. AGE: YEARS 66. MONTHS 2. DAYS 21. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Near Wright City Missouri

FATHER
13. NAME Herman Steinmesch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Hessendorf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Amelia Steinmesch. Wright City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wright City Cem DATE May 28 1936

19. UNDERTAKER (ADDRESS) Nickerson Und Co. Wright City Mo.

20. FILED 5 25 36, 19 W S Clarenbach M D Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936, to May 25th, 1936
I last saw him alive on May 25th, 1936. Death is said to have occurred on the date stated above, at 6 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chron Mitral Regurgitation	1916
(2) Chronic Interstitial Nephritis	1916

Other contributory causes of importance:

Name of operation Date of —
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) W S Clarenbach, M. D.
(Address) Wright City Mo