

AUG 18 1936

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

Do not use this space.

25986

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 194
St. _____ Ward _____

2. FULL NAME Mrs. Elizabeth Steininger

(a) Residence, No. _____ 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 Female 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 Jacob Steininger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-9-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
93 2 24

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

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) Jefferson City, Mo13. NAME John C. Guenther14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeff Germany15. MAIDEN NAME Elizabeth Routzong16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT Oscar G. Steininger
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE July-5--- 193619. UNDERTAKER (ADDRESS) Jefferson City, Mo20. FILED 7/11/36 1936 O. B. Berford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd 1936

22. I HEREBY CERTIFY that I attended deceased from July 1 1936 to July 3rd 1936
I last saw her alive on July 2 1936 Death is said to have occurred on the date stated above, at 3A m.

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

Myocarditis
Scurvy

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

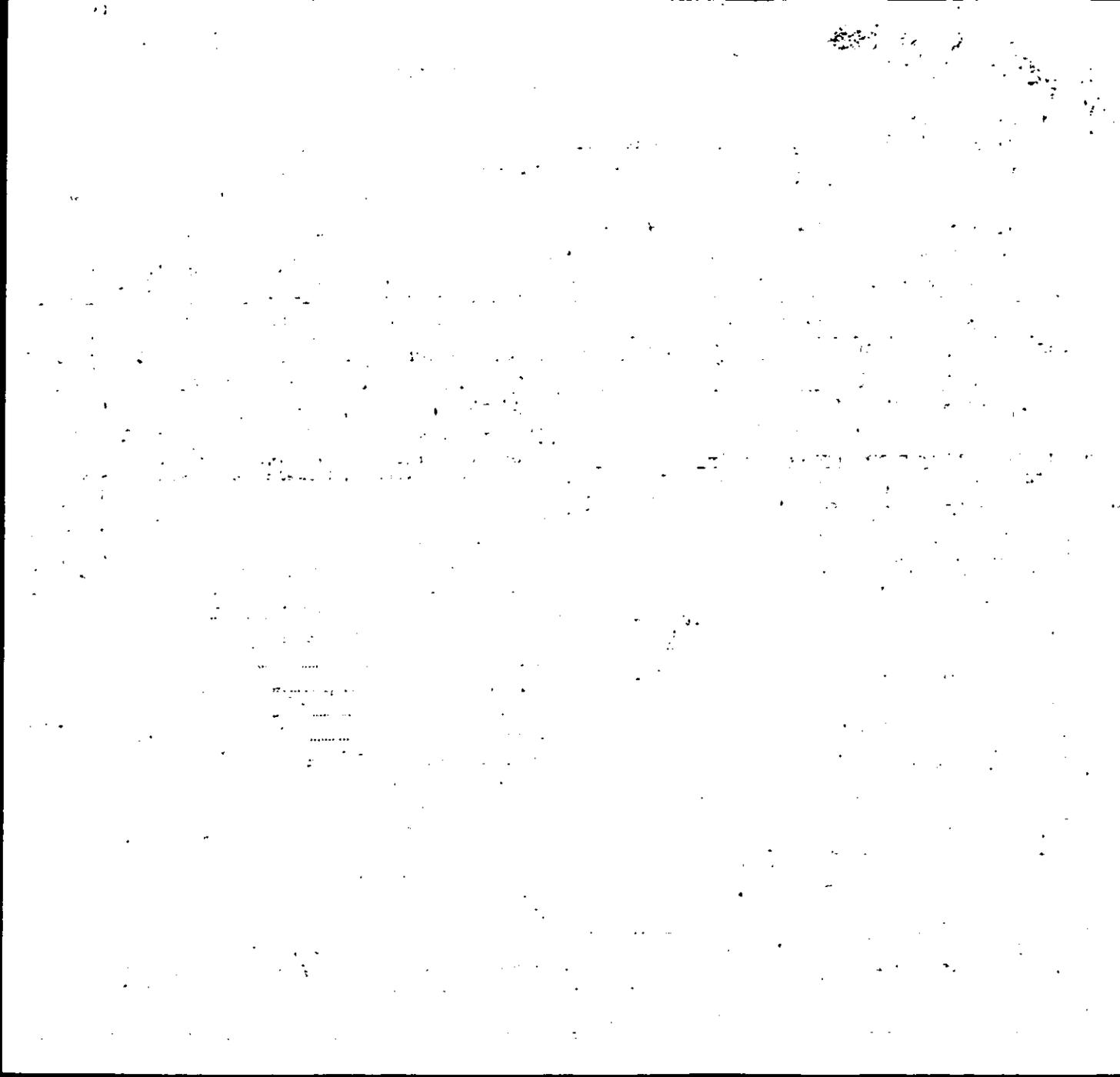
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) M. D. Deardorff, M. D.(Address) Jefferson



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. _____

Township _____

Primary Registration District No. 2014

Registered No. 194

City Jefferson (No. _____)

St. _____

Ward _____

2. FULL NAME

Mrs Louise Steininger

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>93</u>	<u>2</u>	<u>24</u>	

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) _____ If 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 9/8/1936 Bohannon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1936

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

I last saw her alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____.

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

Myocarditis

Date of onset

7-1-36

Other contributory causes of importance: _____

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) _____, M. D.

(Address) _____

SUPPLEMENT

[Handwritten initials]

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