

OCT 5 1936

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

Do not use this space.

791
1003

35900

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Essential to Missouri Bur. Health) St. Ward.....

File No.....
Registered No. 9521

2. FULL NAME

William Steinmeyer NR
(a) Residence, No. St. Ward. Pevley, Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE-OF <u>Caroline Steinmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt - 1878</u>		
7. AGE YEARS <u>56.63</u>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Pevley, Mo.

FATHER	13. NAME <u>William Steinmeyer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

MOTHER	15. MAIDEN NAME <u>Anna Herse</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT (ADDRESS) Ben. Steinmeyer, Hummelsick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Geon Luthran Cem. DATE Sept 19 1936

19. UNDERTAKER (ADDRESS) Herligton Funeral Home, Hummelsick, Mo.

20. FILED SEP 17 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy or att. Stenc.
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16/36 19...
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 11:30 A. m.

The principal cause of death and related causes of importance were as follows:
Traumatic Ruptured liver, lacerations of both lungs, fractured ribs, laceration of chest & abdominal region in collision between a Ford Sedan in which deceased was a passenger & Buick
Other contributory causes of importance:
Sedan driven by Clarence Johns on highway 57 at Mathews School Rd. about 11:30 A.M. 9/16/36

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide. Criminal Car passing on part of C. 5th St. Injury 9/16 1936
Where did injury occur? St. Louis, County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place.
Manner of injury see above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Harold J. DeLoach, M.D.
(Address) DeLoach

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.

