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.

JAN 18 1937

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

Do not use this space.

43860

File No. 1555

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Amelia Steinsick

(a) Residence, No. 2107 South 12th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June. 20. 1870.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	6	0	

OCCUPATION

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) Hartford, Conn.

FATHER

13. NAME George Wike

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Albert E Steinsick Delhart, Texas

18. BURIAL, CREMATION, OR REMOVAL Memorial Park, Cem.

PLACE St. Joseph, Mo. DATE Dec. 21. 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph,

20. FILED Dec 21 1936 H. Nestlehut Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1936, to Dec 19, 1936

I last saw her alive on Dec 19, 1936. Death is said to have occurred on the date stated above, at 1:35A m.

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

	Date of onset
Chr Endocard.	

Other contributory causes of importance:

Enlargement of heart
Cer Paralysis
Prostatic lift lead — Dec 8/36

Name of operation None Date of

What test confirmed diagnosis? Clin 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) Jose W Hodgen, M. D.

(Address) Kansas City, Mo.