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.

JAN 10 1937

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

Do not use this space.

46682

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12476

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. Josephine Hospital 1630 S. Grand St. Blvd. Ward)

2. FULL NAME George A. Steitz

(a) Residence, No. 3851a DeTonty St. St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
27	6	14	

OCCUPATION

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

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) St. Louis Missouri

FATHER

13. NAME John Steitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER

15. MAIDEN NAME Mary McAuliffe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) John Steitz 3851a DeTonty St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec. 22, 1936

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED DEC 21 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1936, to Dec. 19, 1936

I last saw him alive on Dec 18, 1936 Death is said to have occurred on the date stated above, at 430 A. m.

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

Cardiac Failure — Pneumonia Peritonitis

Date of onset

108

Other contributory causes of importance:

Bilateral Lobar Pneumonia

Name of operation none Date of .....

What test confirmed diagnosis? ..... 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) Johns O'Kelly, M. D.

(Address) 3606 Gravois Ave

[illegible]

[illegible]

[illegible]