

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.

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

Do not use this space.

FEB 17 1937

2077

1. PLACE OF DEATH

County Lin Registration District No. 496 File No.
Township Primary Registration District No. 3025 Registered No. 6
City Brookfield (No. 2) St. Ward)

2. FULL NAME

Sigmund Steiner
(a) Residence, No. 717 Brookfield Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 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 Mrs. Georgia Steves Steiner (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1855

7. AGE YEARS 81 MONTHS 8 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant
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) Prestvore Austria

MOTHER FATHER 13. NAME Jacob Steiner

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

MOTHER 15. MAIDEN NAME Bertha Freen

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

17. INFORMANT Mrs. Sigmund Steiner (ADDRESS) Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE Dec 17 1937

19. UNDERTAKER Jac. W. Haughlin (ADDRESS) Brookfield Mo.

20. FILED Feb 9 1937 J. H. Lucas M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937, to Jan 14 1937
I last saw him alive on Jan 14 1937 at 55 P m.
The principal cause of death and related causes of importance were as follows:

Ch. Interstitial Nephritis Date of onset Unknown

Other contributory causes of importance
Name of operation None Date of
What test confirmed diagnosis? Urinal 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) J. H. Lucas M. D.
(Address) Brookfield Mo

