

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.

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

Do not use this space.

MAR 5 - 1937

8003
1428

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo. (No. 2626 Ohio Ave)

File No.
Registered No.
St. Ward)

2. FULL NAME

Anton Steinkamp
(a) Residence, No. St. 23 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 Male 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 Elizabeth Steinkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23rd 1871

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Busy Bee Candy Co.

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 Mo. 1

13. NAME Anton Steinkamp 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

15. MAIDEN NAME Caroline Albers

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

17. INFORMANT C. E. Bauer (ADDRESS) 2715 1/2 Vester St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Feb. 2^d 1937

19. UNDERTAKER J. H. Gelker L. & U. Co. (ADDRESS) 2630 Gravois Ave.

20. FILED 1 - 1937 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937 to Jan 30, 1937
I last saw him alive on Jan 30, 1937 Death is said to have occurred on the date stated above, at 9 a. m.

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

Apoplexy
181
Other contributory causes of importance: Chl. Refl. with Hypertension

Date of onset Jan 29 1937
Do not know

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 2

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) Roland A. Koeb, M. D.
(Address) 2901 California Ave

Les Kalkin
1905