APR 27 1937

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

Do not use this space.

File No. 13459
Registered No. 87

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 790
Township: Clayton — Primary Registration District No.: 6033
City: ~~Olivette Village~~ (No. 9900, OLIVE, BLVD. St. Ward)

2. FULL NAME Henry Herman Steffens

(a) Residence, No. 9900 Olive Blvd. St., 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	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26-1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Retired
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Augusta Steffens
(ADDRESS) Clayton, Mo.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Immanuel Luth. DATE 3-5-37, 19

19. UNDERTAKER BAUMANN BROS. INC.
(ADDRESS) 2504 WOODSON RD., OVERLAND, Mo.

20. FILED 3-4, 1937 Dra J. Figuorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935, to Dec 6, 1935
I last saw him alive on Dec 6, 1935. Death is said to have occurred on the date stated above, at 1:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral Thrombosis~~	
Coronary occlusion	1932.
Chronic Myocarditis	1933

Other contributory causes of importance:
Diabetes Mellitus.

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Chas. F. Rosenberger, M. D.
(Address) 7745 Olive St. Road.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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