

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

Do not use this space.

MAY 31 1937

67

1. PLACE OF DEATH

96 County Saint Louis Registration District No. 1123 File No. 17611
 Township Jefferson Barracks Primary Registration District No. 6248B Registered No. 162
 City Jefferson Barracks (No. V.A.F.) St. Jefferson Ward 1

2. FULL NAME George H. STEEG

(a) Residence, No. 3267 Jasper Park, St. Saint Louis, Missouri.
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1936 to April 9, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13, 1893

I last saw him alive on April 9, 1937. Death is said to have occurred on the date stated above, at 11:50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 5 26

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

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

Tuberculosis, Pulmonary, chronic far advanced. Date of onset Unkn.

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, (STATE OR COUNTRY) Missouri

Other contributory causes of importance: Enteritis, tuberculous, chronic Unkn.

13. NAME Fred Steeg

Name of operation None Date of operation None
 What test confirmed diagnosis? Phys. clinical mani. and laboratory Was there an autopsy? NO

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

15. MAIDEN NAME Mary Helmseing

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

17. INFORMANT Clinical Clerk M. Schilling (ADDRESS) VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEMETERY DATE 4-13, 1937

19. UNDERTAKER Jay B Smith Funeral Home (ADDRESS) 7456 Manchester Ave. Maplewood, Mo

20. FILED Apr 12, 1937 L. Mowrey Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1937
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify None
 (Signed) C. W. Hughes, M.D., Chief Med. Officer, D.
 (Address) VAF Jefferson Barracks, Mo.

GROUP OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

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