

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

Do not use this space.

**JUN 12 1937**

**791  
1003**

File No. **18202**  
Registered No. **4778**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis** (No. **7122 Piccadilly Ave.**)

**2. FULL NAME**

**Elizabeth Steiger**

(a) Residence, No. **7122 Piccadilly Ave. 3** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **4** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

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

22. I HEREBY CERTIFY, That I attended deceased from **7-16** 19**36**, to **5-9** 19**37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 5, 1861**

I last saw her alive on **5-9** 19**37**. Death is said to have occurred on the date stated above, at **2:30 p.m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **76 1 4**

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

*Ch. myocarditis* Date of onset  
**4 yrs.**  
ago

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

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 \_\_\_\_\_

Other contributory causes of importance:  
*arteriosclerosis*  
*Senility*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Monroe County, Ill.**

13. NAME **George Mohr**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **no**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **X Edward Steiger** (ADDRESS) **7122 Piccadilly Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. St. Louis, Ill** DATE **May 10, 1937**

19. UNDERTAKER (ADDRESS) **East St. Louis, Ill**

20. FILED **MAY 10 1937** **J. Bredeck** Registrar.

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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) **J. Steiger**, M. D.  
(Address) **7266 Manchester**

Dr. John A. Sterling 7258 Manchester Hi 4885

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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