JUL 26 1937

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

Do not use this space.

23190

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. 675

City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Charles Ridgeway Steinman

(a) Residence, No. St. Joseph, R.F.D.6. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Steinman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2. 1855.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	5	8	

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. Retired

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ubknown Pennsylvania

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. T. B. Valentine St. Joseph, R.F.D.6.

18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery
PLACE St. Joseph, Mo. DATE June. 12 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED 6/11 1937 A. L. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June. 10 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 10, 1937

I last saw him alive on June 9, 1937 Death is said to have occurred on the date stated above, at 3. a. m.

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

	Date of onset
Empyema of Left Chest	
Purulent Pericarditis	
Pleural Effusion	

Other contributory causes of importance:
Chr. Myocarditis
Chr. Nephritis

Name of operation None Date of

What test confirmed diagnosis? Clinical + X Ray Was there an autopsy? Yes

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) Albert H. Muench, M. D.
(Address) 215 P & S. Bldg
St. Joseph, Mo

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.