

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH

323 County Cent
Township Larry Creek
City 7 (No. _____ St. _____ Ward)

Registration District No. 266
Primary Registration District No. 5-370

File No. 30564
Registered No. 54

2. FULL NAME

Julius A. Steiner
(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 Ellin C. Steiner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1873
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Eng.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goken 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) Tampere Finland13. NAME Christine Steiner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aster Finland15. MAIDEN NAME Marie Matilada Marin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aster Finland17. INFORMANT Gene Steiner18. BURIAL, CREMATION, OR REMOVAL PLACE Wofford Home DATE 8/11 193719. UNDERTAKER W. H. Johnson20. FILED Aug 10 1937 A. S. Butler, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 193722. I HEREBY CERTIFY That I attended deceased once Aug 7 to Aug 8, 1937I last saw him alive on Aug 8, 1937 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Angina Pectoris
Other contributory causes of importance: 59
Bilateral

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. L. Dick M. D.(Address) Salisbury 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.

