CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1937

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

Do not use this space.

38835

File No.

Registered No. 420

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Hospital St. Ward)

2. FULL NAME Charles STEFFEN

(a) Residence, No. 308 N. Broadway St., Ward. E. St. Louis, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1889

7. AGE: Years 48 — Months 8 — Days 22 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

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 --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

FATHER

13. NAME Joe Steffen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known / Not known

MOTHER

15. MAIDEN NAME Anna Rootman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known / Not known

17. INFORMANT (ADDRESS) Acting Clinical Clerk VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Oct. 21, 1937

19. UNDERTAKER (ADDRESS) C. HOFFMEISTER UNDERTAKING & LIVERY 7814 So. Broadway St. Louis, Mo.

20. FILED Oct. 21, 1937 L. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1937, to October 19, 1937

I last saw him alive on October 19, 1937. Death is said to have occurred on the date stated above, at 7:20A m.

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

	Date of onset
Tuberculosis, pulmonary, active, far-advanced (C)	Unkn.

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Off., M. D.

(Address) VAF Jefferson Barracks, Mo.