

FEB 16 1938

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

Do not use this space.

Copy

4196

1. PLACE OF DEATH  
 96 County St. Louis County Registration District No. 96 File No. 4196  
 Township Jefferson Primary Registration District No. Manchester and Bennett Rds Registered No. 17  
 City Manchester and Bennett Rds St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Ida C. Steinicke 3720  
 (a) Residence, No. Manchester and Bennett Rds. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Steinicke  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 0 21  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Dec 1937 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
 MOTHER  
 13. NAME Andrew Wolfsberger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Christina Roth  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT Mrs Esther Beling  
 (ADDRESS) Webster Groves, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetery DATE 1-5 1938  
 19. UNDERTAKER Albert H. Hoppe Inc.  
 (ADDRESS) 429 N. Euclid Ave.  
 20. FILED 1-3 1938 124 E. Adams  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937, to Jan 2, 1938  
 I last saw her alive on Jan 2, 1938 Death is said to have occurred on the date stated above, at 9:00 AM  
 The principal cause of death and related causes of importance were as follows:  
Carbuncle of scalp Date of onset 12-17-37  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. J. J. Werth R. S. Smith, M. D.  
 (Address) 124 E. Adams  
Richard M. ...

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

W. E. B. DUBOIS

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