

REC'D MAY 25 1938

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

Do not use this space.

16125

1. PLACE OF DEATH

County Wagoner Registration District No. 882
Township Wright City Mo. Primary Registration District No. 6174
City Wright City (No.) St. Ward)

File No.
Registered No. 4

2. FULL NAME

Amelia Steumesch - 35.2

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>the late A. Steumesch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 27 - 1873</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS THAN 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>4/4/38</u>	
	11. Total time (years) spent in this occupation <u>45 years</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East St. Louis Ills</u>		
FATHER	13. NAME <u>Charles Neetmaker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
MOTHER	15. MAIDEN NAME <u>Lena Schroeder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Missouri</u>	
17. INFORMANT <u>Mrs. Herman Jaspering</u> (ADDRESS) <u>Wright City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright City Cem</u> DATE <u>April 7, 1938</u>		
19. UNDERTAKER <u>Nighting and Co.</u> (ADDRESS) <u>Wright City Mo</u>		
20. FILED <u>47</u> 19 <u>38</u> <u>W. S. Clarenbach M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 4th 1938, to Apr 4th 1938.
I last saw her alive on Apr 4th 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
Chronic Mitral Regurgitation
Date of onset 1936

Other contributory causes of importance: 920

Name of operation Date of
What test confirmed diagnosis? Physical 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? No
If so, specify
(Signed) W. S. Clarenbach M. D.
801 (Address) Wright City 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.

