

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.

REC'D SEP 19 1938

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

28206
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Salt River Primary Registration District No. 3002 Registered No. 110
 (c) City Mexico Mo. (d) Street No. Audrain Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred E. Steigman

(a) Residence, No. 1111 New Shaker Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county) or city

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 Ms Anna Steigman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 3 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Aug 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo.

FATHER 13. NAME Henry Steigman 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Anna Myratta 9

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

17. INFORMANT (ADDRESS) Anna Steigman
New Shaker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Spring Church 8/11/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. ...
...

20. FILED Aug 9, 1938 Blanche Neely 23 (Address) Mexico, Mo.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 9 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 8 - 6 - 1938, to 8 - 9 - 1938
 I last saw him alive on 8 - 9 - 1938 Death is said to have occurred on the date stated above, at 11:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Gas bacillus infection Date of onset 8/10/38

Other contributory causes of importance:
Accident auto
Compound fracture left leg
Amputation left leg 8/9/38

Name of operation Amputation left leg Date of 8/9/38
 What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 8-6-1938
 Where did injury occur? New Shaker Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Ran into wheel crossing street
 Nature of injury Compound fracture left leg

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify ✓ (Signed) Frank ... M. D.

RECEIVED

District Health Officer No. 10

District File Number 10-38-115

Date Filed 9-15-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on the 9th day Aug. 1938, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Licensed Embalmer No. 1484

P. O. Address Montgomery City, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.