

REC'D SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Spring  
Township Deputy  
City Mantross (No. ....)

Registration District No. 352  
Primary Registration District No. 5493

File No. 29022  
Registered No. .... St. .... Ward)

2. FULL NAME

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18<sup>th</sup> 1938</u>		
7. AGE	YEARS	MONTHS
<u>X</u>	<u>X</u>	<u>X</u>
		DAYS
		<u>10</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Mantross Mo (STATE OR COUNTRY)

13. NAME Herman Steinbach

14. BIRTHPLACE (CITY OR TOWN) Mantross Mo (STATE OR COUNTRY)

15. MAIDEN NAME Katherine Valmar

16. BIRTHPLACE (CITY OR TOWN) Mantross Mo (STATE OR COUNTRY)

17. INFORMANT Herman Steinbach (ADDRESS)

18. BURIAL CREMATION, OR REMOVAL PLACE Mantross Catholic Cemetery DATE Aug 28 1938

19. UNDERTAKER Lemmy & Lemmy (ADDRESS)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1938, to Aug 28, 1938.

I last saw h. alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Pneumonia neonatorum  
Date of onset 1/2

Other contributory causes of importance:

Name of operation ..... Date of .....  
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? ..... 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. C. C. C. C. M. D.  
316 (Address) Appleton 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-54

Date Filed 9-14-38

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

29022  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 352  
(b) Township Deerputaw Primary Registration District No. 3493  
(c) City..... (d) Street No..... 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel Joseph Steinbaeck

(a) Residence, No. .... 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
10

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Montrose (STATE OR COUNTRY) Mo

FATHER  
13. NAME Herman Steinbaeck

14. BIRTHPLACE (CITY OR TOWN) Montrose (STATE OR COUNTRY) Mo

MOTHER  
15. MAIDEN NAME Katherine Jones

16. BIRTHPLACE (CITY OR TOWN) Montrose (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Herman Steinbaeck

18. BURIAL, CREMATION OR REMOVAL: PLACE Montrose Cem DATE Aug 28 1938

19. FUNERAL DIRECTOR (ADDRESS) Hemerly Hemerly

20. FILED 10-31 1938 Mrs. Lee Weiman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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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) W. H. Elliot, M. D.

(Address) Appleton 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

