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.

DEC'D OCT 7 1938

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

Do not use this space.

33039

1. PLACE OF DEATH
County Phelps. 2
Township St James 1
City ✓ (No. , St. Ward)

Registration District No. 678
Primary Registration District No. 5904

File No.
Registered No.

2. FULL NAME Infant of Mr. & Mrs. A. A. Steiner 3.1

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-3-1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) 0

FATHER
13. NAME August A. Steiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summerfield. Osage Co. Missouri 0

MOTHER
15. MAIDEN NAME Ella Idel 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woolen Gasconade Co Mo.

17. INFORMANT (ADDRESS) August A. Steiner Bland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem Bland, Mo DATE 10-3- 1938

19. UNDERTAKER (ADDRESS) Sassmann Funeral Director Bland Mo.

20. FILED 10-3- 1938 Elsie Br Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3- 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-3- 1938, to 10-3- 1938
I last saw her alive on Still Born, 19 Death is said to have occurred on the date stated above, at 11-10 a.m.
The principal cause of death and related causes of importance were as follows:

Still Born.

Date of onset

Other contributory causes of importance: Thrombosis of Cord

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

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) E. A. Scott, M. D.
(Address) Jones Hospital St James Mo