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.

NOV 15 1938

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

35186
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 1082
(c) City St. Joseph — (d) Street No. 2807 Olive Street 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frederick A. Steuck
(a) Residence, No. 2807 Olive St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Rosa Steuck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 25, 1871
7. AGE: YEARS 67 — MONTHS 9 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Baker
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) (STATE OR COUNTRY): Unknown, Germany 6

FATHER
13. NAME: Carl Steuck 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany 6

MOTHER
15. MAIDEN NAME: Elizabeth 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany

17. INFORMANT (ADDRESS): Mrs. Rosa Steuck, 2807 Olive St. St. Jos. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mem. Park Cem DATE: Oct 31, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Walter Meierhoffer, 1302 Faraon St.
20. FILED: Oct 31, 1938 H. J. Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 28, 1938
I last saw him alive on Oct 28, 1938. Death is said to have occurred on the date stated above, at 7:20P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-27-38

Other contributory causes of importance:
Glomerular Nephritis unknown
Chronic
Hypertension

Name of operation: none — Date of:
What test confirmed diagnosis? Clinical — 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) Gustav A Lan, M. D.
(Address) Kirkpatrick Bldg

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by John C. Anderson

Registered Apprentice No. 118, working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. 3946

P. O. Address 1302 Faraon St. St. Jos.

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

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