

REC'D FEB 11 1939

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

1715

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127 Registered No. 6
 (c) City S (d) Street No. So. 11th. St. Road & Sparta Rd. 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 72 yrs. 2 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lena Kirschner Steinbrenner

(a) Residence, No. So. 11th. Str. Rd. & Sparta Rd. 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 Female 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 John A. Steinbrenner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1864.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) St. Joseph 6
 (STATE OR COUNTRY) Missouri. 6

13. NAME John P. Kirschner 6

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

15. MAIDEN NAME Anna E. Groh

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

17. INFORMANT John A. Steinbrenner
 (ADDRESS) R. F. D. #5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem.
 PLACE St. Joseph, Mo. DATE Jan. 19, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Jan. 18, 1939 Myrtle M. Hanaway
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938, to Jan. 17th, 1939
 I last saw her alive on Dec. 30th, 1938. Death is said to have occurred on the date stated above, at 1:00 P. m.

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

Ch. Myocarditis
Senile Debility

Other contributory causes of importance:

Ch. Inf. Arthritis

Name of operation no Date of _____
 What test confirmed diagnosis? Chemical 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? _____
 If so, specify _____
 (Signed) Bluesie M. Trummer, M. D.
 (Address) 216 Phys. & Surg. Bldg.

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,

Robert P. Clarkson

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Jos

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.