

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1939 MAY 11 706 1939

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hosp # 2)

14283
File No. _____
Registered No. 406
St. _____ Ward _____

2. FULL NAME

Laura Steffens
(s) Residence, No. 20 20 Agency St. Joseph, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 24 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. malnutrition
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) St. Joseph, Mo.

FATHER 13. NAME Carl Steffens

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

MOTHER 15. MAIDEN NAME Johanna Hemming

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

17. INFORMANT (ADDRESS) Records State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Moss Cu DATE 4/17 1939

19. UNDERTAKER (ADDRESS) J. L. Steingley

20. FILED Apr 15 1939 N. J. Heath Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1939

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1939, to April 14, 1939. I last saw her alive on April 13, 1939. Death is said to have occurred on the date stated above, at 7:35 a. m. The principal cause of death and related causes of importance were as follows:

Senility
malnutrition
Other contributory causes of importance: 16 1/2
Name of operation none Date of _____
What test confirmed diagnosis? Chinthal 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) D. P. Johnson, M. D. (Address) State Hosp # 2 St. Joseph, Mo

STATEMENT BY LICENSED EMBALMER

I, J. L. Strinsky, Licensed Embalmer No. 1946
do hereby certify that the body recorded on the reverse side of this
certificate was embalmed by _____

_____, Registered Apprentice No. _____

(Signed) J. L. Strinsky
Licensed Embalmer No. _____

NOTE: This form MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Print name of the person who signs on opposite side for recording of name.)