

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22719

Do not use this space.

JUL 14 1939

1. PLACE OF DEATH

(a) County Monteaus Registration District No. 571  
 (b) Township California Mo Primary Registration District No. 4335  
 (c) City California Mo (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. moa. da. (f) How long in U. S., if of foreign birth? yrs. moa. da.

Registered No. 29

2. PRINT FULL NAME Fritz William Steinbeck

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Swiss Mo 0  
Dasconade Co

FATHER 13. NAME August Steinbeck 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo 6

MOTHER 15. MAIDEN NAME Loise Tappe  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charlotte Steinbeck  
 (ADDRESS) Swiss Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hony Hill Cem DATE 6-5, 1939

19. FUNERAL DIRECTOR (NAME) William & Friedmayer  
 (ADDRESS) California Mo

20. FILED 6-2-39 H. N. Ruppel  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939, to June 2, 1939

I last saw him alive on June 2, 1939 Death is said to have occurred on the date stated above, at 7:30 a. m.  
 The principal cause of death and related causes of importance were as follows:

Hypertrophoma  
of right kidney.

Date of onset

Other contributory causes of importance: 51  
none

Name of operation Drainage cyst Date of May 31-39  
 What test confirmed diagnosis? operation 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) L. D. Lathams, M. D.  
 (Address) California 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.

68  
10

**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.....

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

Signed.....

Licensed Embalmer No. 2854

P. O. Address California Mo

**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.**