

Registration District No. **85**

Primary Registration District No. **3001**

Registrar's No. **262**

FILED APR 12 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
911 1/2 North 2nd Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Most all her life (Specify whether years, months or days)

8. (a) PRINT FULL NAME: Mrs. Dorathea Elizabeth Steinel

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Alvin T. Steinel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July, 19, 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Saint Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Gross

13. Birthplace New York City, New York
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth C. Vosteen

15. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Millie Gross

(b) Address 911 1/2 North 2nd Street

17. (a) Burial (b) Date thereof Mar. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Mrs. E. H. Sidelund, D. H.

(b) Address 602 South 10th Street

19. (a) march 6, 1940 (b) R. J. Westlake
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 911 1/2 North 2nd Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 4 day March
 year 1940 hour 11 minute 7 M.

21. I hereby certify that I attended the deceased from 2-19, 1940, to 3-4, 1940
 that I last saw her alive on 3-4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Due to Cerebral Hemorrhage

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Will N. Grow (M. D. or other) 3

Address 222 Logan Bldg Date signed 3/6/40

D. Low

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, & by.....

.....Mollie E. Sidenfaden....., Registered Apprentice No. 145
working under my personal supervision.

Signed.....*R. V. Kerst*.....

Licensed Embalmer No. 3876

P. O. Address.....*St. Joseph 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.