

FILED APR 12 1940

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

Do not use this space.

10523

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120 File No. _____
Township _____ Primary Registration District No. 3009 Registered No. 184
City Cape Girardeau No. 124 So Benton St. _____ Ward _____

2. FULL NAME

354 Frank C. Steimle Jr
(a) Residence, No. 124 So Benton St., 0 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 - 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. contractor
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) Cape Girardeau13. NAME Ferdinand Steimle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Louise Hulsa16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans17. INFORMANT Mrs F. C. Steimle
(ADDRESS) Cape Girardeau Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE Mar 13, 194019. UNDERTAKER Walthus Und Co.
(ADDRESS) Cape Girardeau Mo20. FILED 3-16, 1940 J. M. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1940, to Mar 10, 1940.
I last saw him alive on Mar 10, 1940. Death is said to have occurred on the date stated above, at 8 P. m.

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

Coronary occlusion 3-1-40
Date of onset

Other contributory causes of importance: 94%Name of operation 0 Date of CWhat test confirmed diagnosis? Physic 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 _____

121 (Signed) W. H. Depew, M. D.(Address) Cape Girardeau Mo.

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

5010-10-22-38 I X8314

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.

POSTAL SERVICE
UNITED STATES DEPARTMENT OF JUSTICE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10523

Registration District No. 125-

Primary Registration District No. 3009

Registrar's No. 105-

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

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Frank C Steinfeld

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife SOPHIE

6. (c) Age of husband, or wife, if alive. _____ years

Date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 0 13 _____ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5-10-40 (b) J. M. Thompson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Feb day 10 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 W. H. Nesegat (M. D. or other) _____
Address Cape Girardeau Date Jan

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

HEARINGS TO BE HELD AT THE
HEARINGS TO BE HELD AT THE

S-10523 1940

RECORDS SECTION, U.S. DEPARTMENT OF JUSTICE, WASHINGTON, D.C.