

JAY 15 1940

85

1001

506

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2902 North 7th 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  20 years  
(Specify whether years, months or days)  
 In this community 20 years

8. (a) PRINT FULL NAME Waldo Ernest Steinman 355  
 3. (b) If veteran, name war World War 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rosellen 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August 7 1895  
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Painter-Contractor

11. Industry or business Own

12. Name Ernest Steinman

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

14. Maiden name Jane Walker

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

16. (a) Informant Miss. Waldo Steinman  
 (b) Address 2902 North 7th, St. Joseph, Missouri

17. (a) burial (b) Date thereof May 5, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Johns Cemetery  
Amazonia, Missouri

18. (a) Signature of funeral director Walter Melchroff  
 (b) Address 1302 Faron, St. Joseph, Missouri

19. (a) May 4 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
0  
 (d) Street No. 2902 North 7th  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? ✓ \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
 year 1940 hour 2 minute 30a. M.

21. I hereby certify that I attended the deceased from 1934  
 \_\_\_\_\_, 19\_\_\_\_, to May 1, 1940;  
 that I last saw him alive on May 11, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis of Larynx.  
 Duration years

Due to \_\_\_\_\_  
 Due to 34

Other conditions 34  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations   
 Of autopsy

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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? 85

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

23. Signature L. H. Fuson (M. D. or other) MD  
 Address Kirkpatrick Bldg. Date signed \_\_\_\_\_

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

FATHER {  
 MOTHER {

*Illusion*  
*Handwritten*

**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 *H. H. Kelly*

Licensed Embalmer No. *Mo. 3946*

P. O. Address *St. Joseph, Missouri*

**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.**