No. 2
11-10-39
5-17-39
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FILED JUN 1 0 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17949

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 599

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

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: 1508 NO 16 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community ABOUT-75-YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN

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

(d) Street No. 1508-NORTH-16 (If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM-L- STEIDEL 334

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race Wh

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

6. (b) Name of ~~husband~~ or wife Georgie Steidel

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 23 (Day) 1857 (Year)

8. AGE: Years 83 Months 0 Days 6 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired Carpenter 1

11. Industry or business 6

FATHER
12. Name unk 1
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name unk
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Kuehner

(b) Address 1508 N 16th St.

17. (a) Ashland (Burial, cremation, or removal) (b) Date thereof June 1 1940 (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

19. (a) May 31 1940 (Date received local registrar) (b) A J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1940 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from 5/25, 1940 to 5/29, 1940 that I last saw him alive on 5/29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cebral Hemorrage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

Duration

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) None

(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 — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J. T. Stamey (M. D. ~~or other~~) 1

Address 5/30/40 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ and Cedric K Jones, Registered Apprentice No. 246 working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

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.