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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35652

Registration District No. 629 Primary Registration District No. 4379 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 71 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74 0

(c) City or town Ravenwood. 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME JOHN STEIGER

3. (b) If veteran, name war no middle name (c) Social Security No. None.

4. Sex M.O 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed.

6. (b) Name of husband or wife Melvina Steiger. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 5, 1854 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Joseph Steiger.

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

MOTHER 14. Maiden name Elena Christiana Bollin.

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

16. (a) Informant Eldon Steiger

(b) Address Ravenwood Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn.

18. (a) Signature of funeral director Price Funeral Home.

(b) Address Maryville Mo.

19. (a) Sept 4 1941 (Date received local registrar) (b) Grace Bukolt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 2 day year 1941 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 5 1941, to Sept 2, 1941 that I last saw him alive on Sept 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis

Due to Myo Cardial degeneration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. G. Gaines (M. D. or other) D.O.

Address Sheridan Date signed 9-3-41

56 (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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John W. Price.

Licensed Embalmer No. 3229

P. O. Address Maryville 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35652

Registration District No. 629 Primary Registration District No. 4379 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Ravenwood
(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)

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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Steiger

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 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 5 (Day) 1854 (Year)

8. AGE: Years 86 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1941 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.

	Duration
Immediate cause of death: Acute nephritis	1
Due to: Myocardial degeneration	
Due to: Chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 b

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

23. Signature R. G. Garter (M. D. or other) D.O.
Address Shenandoah Date signed 12-13-41

S-35652