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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37280

State File No. 4074

DEC 22 1941 399
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 44 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4335 East 55th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 73 years.

3. (a) PRINT FULL NAME MAGDALENA STEITZ

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Jacob Steitz

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

7. Birth date of deceased October (Month) 27 (Day) 1859 (Year)

8. AGE: Years 82 Months 0 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Meisenham (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ------

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

MOTHER
14. Maiden name Magdaleina Hooser
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Rose M. Kayton
(b) Address 4335 East 55th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director O. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-1-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st year 1941 hour 6 minute 25 A.M. M.

21. I hereby certify that I attended the deceased from 10-21-41, 19..., to 10-31-41, 19...; that I last saw her alive on 10-31-41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic bronchopneumonia	
Due to: Fracture of left femur, accidental fall in home	
Due to: 1860	
Other conditions (Include pregnancy within 3 months of death): 18	
Major findings: Of operations	
Of autopsy: None	

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 123
(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 Drury K. Thom (M. D. or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed

101 (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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address R. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.