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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12185

State File No. _____

Registration District No. 807

Primary Registration District No. 6044

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Belt Creek-Rural-Twp
(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 65 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. N.E. - Emma, Mo. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1942 hour 5 minute _____ P. M.
21. I hereby certify that I attended the deceased from
4/7 1942 to 4/10 1942

3. (a) PRINT FULL NAME LOUIS H. STEINKUEHLER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emilie Steinkuehler 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Mar-5-1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co Mo (City, town, or county) (State or foreign country) ✓ 11

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Steinkuehler

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

14. Maiden name Louise Dierker

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

16. (a) Informant Emilie Steinkuehler

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof Apr-13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Cemetery Emma Mo
(e) Signature of funeral director H. F. Dierker
(b) Address Doncordia Mo

that I last saw him alive on 4/10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral weather

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 52c

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 3

23. Signature Leoburn Galli (M. D. or other) Address Sweet Springs, Mo Date signed 4/13/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-42

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

W. P. Owen

Licensed Embalmer No. 3070

P. O. Address Wellington, N.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12,185

Registration District No. 801

Primary Registration District No. 6044

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Rural
(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 Louis H Stetzkuehler

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

7. Birth date of deceased. mar 5 1899
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 4 If less than one day _____ 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) Apr. 11-42 (b) Mrs Dora Hoffmann
(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day _____ year 1942 hour _____ minute _____ M.

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

Duration _____

Due to _____

Due to _____

Other conditions _____ (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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-12185-1942