

FILED JUN 20 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19189

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830 53.7
 (b) Township Bethel Primary Registration District No. 4523 4499 Registered No. 49
 (c) City Bethel (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Christian Edward Steinbach
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) "9,"

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgie Steinbach
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
73 9 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bethel
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Philip Steinbach

14. BIRTHPLACE (CITY OR TOWN) Darmstadt
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Eliza Beth Fraehlich

16. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine
 (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs Virgie Steinbach
Bethel Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebron Cemetery DATE April 6, 1942

19. FUNERAL DIRECTOR (NAME) W. M. Mudgett
 (ADDRESS) Bethel Missouri

20. FILED April 1942 Madge Gooch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1942, to April 3, 1942.

I last saw him alive on Apr 3, 1942. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

93 e 1

Date of onset
3 yrs

Other contributory causes of importance:

acute Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr Howard H. Dutton M. D.

(Address) Bethel Mo

RECEIVED

District Health Officer No. 10

District File Number 6-1-1192

Date Filed JUN 1 - 1942

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,

Self

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *C W Musgrove*

Licensed Embalmer No. 2719

P. O. Address Bethel 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.