

FILED APR 8 1943
Registration District No. 273

Primary Registration District No. 5914

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

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural 3, Brazeau, Miss.
(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 71 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 79
(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Claus Steffens
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10
year 1943 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Jan 26 1943 to March 10th 1943
that I last saw him alive on March 8th 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Steffens 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Oct. 8 1854
(Month) (Day) (Year)

Immediate cause of death Broncho. Pneumonia
Duration 2d.

8. AGE: Years Months Days If less than one day
88 5 2 _____ hr. _____ min.

Due to Bronchitis
Due to 53

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

Other conditions (Include pregnancy within 3 months of death)
this carcinoma on nose

10. Usual occupation Farming

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {
12. Name Unkown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unkown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Steffens
(b) Address Altenberg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Altenberg Mo.

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? _____

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 3-13-1943 (Date received local registrar) (b) Thos. J. Elder (Registrar's Signature)

While at work? _____ (Specify type of place) _____ Means _____ injury _____
23. Signature Theodore Fischer (M. D. or D. O.)
Address Altenberg, Mo. Date signed 3-11-43

RECEIVED

District Health Officer No. 4
District File Number 443-202
Date Filed 4-7-43

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

Edward J. King

Licensed Embalmer No.

21308

P. O. Address

Permyville 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, fact should be so stated above.