

FILED JUN 3 1945

Registration District No. **270**

Primary Registration District No. **5945**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Rural Dillon State Mo
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) County Phelps State Mo

(b) City or town St James Rural Dillon State Mo
(If outside city or town limits, write "RURAL")

(c) Street No. _____ (If rural, give location)

(d) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Laura E. Steen

(b) If veteran, name war. _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 - 3 day _____
year 1944 hour 1 30 minute 0 M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Wid

6. (b) Name of husband or wife Raymond Steen

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

7. Birth date of deceased 7-8-1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-4
1944, to 5-5, 1944

that I last saw her alive on 5-4, 1944

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Pneumonia (at lower lobe)

Duration 3 days

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

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation House wife

MOTHER, FATHER

11. Industry or business _____

12. Name Dora Knauer

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

14. Maiden name " " 9

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel Bremer

(b) Address 2232 Nebraska St. Louis Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Rem (b) Date thereof 5-5-44
(Usual cremation or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Blaine Mo

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director W. P. Schlicher

(b) Address St James Mo

23. Signature E. E. Fain (M. D. or other)

Address Rolla Mo. Date signed 5-8-44

19. (a) 5-16-44 (b) Charles Jackson
(Date received local registrar) (Registrar's signature)

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

8100

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. E. Licklider

Licensed Embalmer No. 1970

P. O. Address St. James 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.