

S. No. 2.  
M-2-43  
7-5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5505

FILED MAR 9 1945

State File No. \_\_\_\_\_

Registration District No. 37

Primary Registration District No. 4040

Registrar's No. 2

1. PLACE OF DEATH:  
 (a) County Benton  
 (b) City or town Cole Camp Mo  
 (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 72 Years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Benton  
 (c) City or town Lincoln 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 Fredrich Steffens  
 FULL NAME  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 4th  
 year 1945 hour 7 minute 30 A. M.

4. Sex Male 5. Color white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs Mary Steffens 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased October 27th 1872  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1- 1945 to 2-4- 1945  
 that I last saw him alive on 2-4- 1945  
 and that death occurred on the date and hour stated above.

8. AGE: 72 Years Months 3 Days If less than one day  
 hr. min.

Immediate cause of death Myocarditis chronic Duration \_\_\_\_\_

9. Birthplace Benton County Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Farmer

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Claus H Steffens 9  
 13. Birthplace Unknown 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Schroeder  
 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Mary Steffens  
 (b) Address Cole Camp Mo  
 17. (a) Burial (b) Date thereof Feb 6th 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Trinity Lutheran  
 18. (a) Signature of funeral director Edward J. Eickhoff  
 (b) Address Cole Camp Mo  
 19. (a) March 3, 1945 (b) Pauline Harms  
 (Date received local registrar) (Registrar's signature)

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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Paul Steffens (M. D. or other) \_\_\_\_\_  
 Address Cole Camp Mo Date signed 2-6-45

1341

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 2-45-144

Date Filed 3-8-45

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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 L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.**