

FILED FEB 16 1945

Registration District No. 20

Primary Registration District No. 4194

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Butte  
(b) City or town Albany  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Albany 300  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Peter Jacob Steinman

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 Mary Elizabeth Ray 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Jan 12 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name George Steinman  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Peter Steinman  
(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 1-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway

18. (a) Signature of funeral director W. J. ...  
(b) Address Albany Mo.

19. (a) Jan 12/45 (b) Homer M. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19~~th~~ year 1945 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Sept 17th 1944 to Jan 7th 1945  
that I last saw him alive on Jan 7th 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Myocardial Infarction Myocarditis  
Chronic Myocarditis Myocardial Infarction Myocarditis

Due to \_\_\_\_\_  
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature W. Campbell (M. D. or other) \_\_\_\_\_  
Address Albany Missouri Date signed Jan 10 1945

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

38  
010

110 X

