

FILED MAY 3 1945
25

Registration District No.

Primary Registration District No. 4479

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Queen City
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Queen City
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christine Elisabeth Steffey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife: Herschel V. Steffey 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased August 7, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 8 18 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Hayes

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

14. Maiden name Henerietta Kopsecker

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

16. (a) Informant Mrs. Reba Lutz

(b) Address 1150 Harrison Ave

17. (a) Reba Lutz died thereof Apr. 26, '45
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director J. M. G. West

(b) Address Queen City Mo

19. Apr. 26, 1945 (b) J. G. Justice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26 year 1945 hour 4 minute 53 AM

21. I hereby certify that I attended the deceased from Apr 21 1945 to Apr 26 1945
that I last saw her alive on Apr 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: GBW

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 2

23. Signature O. P. Lutz (M. D. or other) DO
Address Queen City Date signed Apr 26

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

RECEIVED

District Health Officer No. 10

District File Number 5-15-742

Date Filed MAY 4 1945

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 Wm H West

Licensed Embalmer No. 2882

P. O. Address Queens City Md

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.