S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24872

Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 116

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bendleton Twp. 0
(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 St. Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bendleton Twp. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ELIZABETH K. STEINER
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 Widow
6. (b) Name of husband or wife John Steiner
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 11 (Day) 1862 (Year)

8. AGE: Years 82 Months 8 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Pilot Knob (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER 12. Name Charles Koehler
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Henrietta Bergfeld
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)
16. (a) Informant Elizabeth Steiner
(b) Address Pilot Knob, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation Lodge Cemetery, Doe Run, Mo.
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.
19. (a) 8/4/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1945 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from August ....., 1944, to August 3, 1945, that I last saw her alive on August 3, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of liver with metastases to small intestines	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature L. M. Stauffer (M. D. or other) D. O.
Address: Farmington, Mo. Date signed 8/4/45

1397 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 845-945
Date Filed 8-9-45

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.