No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 3B

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Correct

State File No. 149

Primary Registration District No. 3006

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Weeks (Specify whether years, months or days)

In this community: 16 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Route 6
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM CHARLES STEINBRUEGGE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary Winkler Steinbruegge

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

7. Birth date of deceased: 8 (Month) - 12 (Day) - 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	28	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Henry Steinbruegge
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: George Steinbruegge
(b) Address: Route 6, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 1-12-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 10
year: 1948 hour: 6 minute: 12 A. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1948 to Jan. 10, 1948 and that I last saw alive on Jan. 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus 7 yrs
Hypertensive Heart Disease
Due to: Congestive Heart Failure ?

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: Diabetic gangrene

Of autopsy: 0

PHYSICIAN — Underline the cause of 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: 0

23. Signature: E. L. B. Caplett (M. D. or other) M.D.

Address: Columbia, Mo. Date signed: 1/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 1/22/48
Date Filed

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. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.