No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25910

FILED SEP 11 1948

Registration District No. 2486

Primary Registration District No. 3020

Registrar's No. 111

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day. (Specify whether
In this community 14 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No. 910 E. Fifth St. 2
(If rural, give location) 0
(e) Citizen of foreign country? x (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Donna Marie Steinmetz

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife x

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

7. Birth date of deceased July (Month) 4 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
1	1	23	hr. min.

9. Birthplace Washington (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation None

11. Industry or business x

FATHER
12. Name Paul Steinmetz
13. Birthplace Berger (City, town, or county) Missouri (State or foreign country) O

MOTHER
14. Maiden name Evelyn Gumpenberger
15. Birthplace Washington (City, town, or county) Missouri (State or foreign country) O

16. (a) Informant Paul Steinmetz
(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) Aug. 28, 1948 (Date received local registrar) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 27 day 27 year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug 27, 1948, to Aug 27, 1948 that I last saw her alive on Aug 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration sandons

Due to acute gastroenteritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 O

23. Signature [signature] (M. D. or other) M.D.
Address Washington Mo. Date signed 8-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
SEP 8 - 1948
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 Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.