JUL 25 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17629

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 65 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 673

City: St. Joseph (No. 827 Parker St. St. Ward)

2. FULL NAME: Alvina Steinborn

(a) Residence. No. 827 Parker St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adolphe Steinborn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 12-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	4	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oldenburg, Germany

PARENTS

10. NAME OF FATHER: Henry Reents ~~unknown~~

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ~~unknown~~ Germany

12. MAIDEN NAME OF MOTHER: Etta B. Jansen ~~unknown~~

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany

14. INFORMANT (Address): Oscar Steinborn 827 Parker St.

15. FILED ..., 19.. John G. Utz, Registrar

JUL 2 1927

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1927

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1927, to June 30, 1927, that I last saw her alive on June 30, 1927, and that death occurred, on the date stated above, at 1.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

74 A 1

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gustav A Lau, M. D

7/1, 1927 (Address) Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Ashland, Cemetery	July 2 1927

20. UNDERTAKER: Walter Meierhoffer, ADDRESS 1302 Faraon, st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.