APR 23 1928

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 7973
Township — Primary Registration District No. 1001 — Registered No. 473
City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Josephine Marie Steltenpohl
(a) Residence. No. 2332 South 6th St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26. 1918.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
9	5	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): Floyd School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blanchard, (STATE OR COUNTRY) Iowa.

PARENTS
10. NAME OF FATHER George W Steltenpohl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Bessie Crockett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

14. INFORMANT George W Steltenpohl (Address) 2332 South 6th Str

15. FILED APR 2 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March. 31. 1928

17. I HEREBY CERTIFY, That I attended deceased from Autopsyed on March. 31, 1928, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 9/30. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Traumatism, Fracture of Skull (accidental) Struck by automobile, 2 S. 6 St St Joseph Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 188 C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Post finding & History of accident
(Signed) J. W. Mays Coroner, M. D
April. 1 1928 (Address) St Joseph Mo

*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: Ashland — DATE OF BURIAL: April. 3. 1928

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: 1802 Union Str