

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

Do not use this space.

3390

**1. PLACE OF DEATH**

County Missouri Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City St. Louis (No. 7064 Nat. Bridge) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 14

**2. FULL NAME**

Elizabeth Steinkemper  
 (a) Residence No. 7064 Natural Bridge Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 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 Widow  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
86 8 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank Vehn

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

12. MAIDEN NAME OF MOTHER Vehn

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

14. INFORMANT Helen Steinkemper  
 (Address) 7064 Natural Bridge

15. FILED 11, 1929 Rolla Bracy, M. D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1924, to Jan 9 1929 that I last saw her alive on Jan 19 1929, and that death occurred, on the date stated above, at 1:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. Nephritis (Uremia)

(duration) 5 yrs. 10 ds.

CONTRIBUTORY Ch. Myocarditis  
 (SECONDARY) (duration) 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Spinal fluid & hist.  
 (Signed) Dr. H. H. Bracy, M. D.  
1/10 1929 (Address) 324 Bermuda Ave.

\*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 Calvary Cemetery DATE OF BURIAL Jan. 12 1929

20. UNDERTAKER John A. Genteman ADDRESS 4320 Warme ave

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.

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 73  
 10  
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 10

