

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

Do not use this space.

3824

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **1823 Dolman**)

File No.

Registered No. **452**

St. Ward)

2. FULL NAME

(a) Residence. No. **1802 Dolman St.**, **13** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **abt 1855**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **abt 73**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Brass polisher**
(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) **Bohemia**

10. NAME OF FATHER **Peter Steis**

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

12. MAIDEN NAME OF MOTHER **unk**

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

14. INFORMANT **Mat Steis**
(Address) **1802 Dolman**

15. FILED **-4 1929**
REGISTRAR **W. C. Standley**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1 - 7 19 29**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 10**, 19**28**, to **Jan 7**, 19**29**, that I last saw him alive on **Jan 7**, 19**29**, and that death occurred, on the date stated above, at **11:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **129 W** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Uremia**
(Signed) **Robert Steis** M. D.

Jan 7 . 19 29 (Address) **1823 Meeman**

*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 **S. S. Peter Paul** DATE OF BURIAL **1-10 19 29**

20. UNDERTAKER **W. C. Maydell** ADDRESS **1936 Allen**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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