

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

Do not use this space.

28522

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. 2703 Renick St.)

Registration District No. _____
Primary Registration District No. 1001
St. _____ Ward _____

File No. _____
Registered No. 882

2. FULL NAME

Caroline C. Steinmetz

(a) Residence, No. 2703 Renick St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C. Steinmetz</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 31, 1852</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Galena, Ill.</u>				
FATHER	13. NAME <u>Henry Fiegenbaum</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover, Germany</u>			
MOTHER	15. MAIDEN NAME <u>Clara Kastenbudt</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover, Germany</u>			
17. INFORMANT <u>Mrs. Thos. E. Arnhold</u> (ADDRESS) <u>2703 Renick St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cemetery</u> DATE <u>Sept. 13, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Naeinshoff</u> <u>1302 Faraon St. St. Joseph, Mo.</u>				
20. FILED <u>9-13-32</u> <u>John R. Bender</u> 19 <u>32</u> Registrar				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 11, 1932 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept. 2, 1932 to Sept 11, 1932
I last saw her alive on Sept 10, 1932 Death is said to have occurred on the date stated above, at 5.20 P.M.
The principal cause of death and related causes of importance were as follows:
Acute nephritis
Date of onset 1:35
1044 130
162
Other contributory causes of importance:
Senility (D)
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. T. Schuler M. D.
(Address) Phys. & Surg. Bldg., St. Joseph, Mo.

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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EXACT

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10/10/72

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Joseph

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 882

St. Ward

2. FULL NAME

(a) Residence, No. St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Wid

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 11-12-32 19

John A. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on , 19 . Death is said

to have occurred on the stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis
Acute cold

Date of onset

Other contributory causes of importance:

Senility 130

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

WRITE PLAINLY, WITH GR. INK. UNWRAP THIS FOR 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.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-28522