

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

Do not use this space.

22789

1. PLACE OF DEATH
 36 County Franklin Registration District No. 293
 Township Pacific Primary Registration District No. 4177
 City Wes Steehr (No.) St. Ward)

2. FULL NAME
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 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>M</u>	4. COLOR OR RACE <u>W</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>Clara Steehr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-11-1847</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>11</u>
	DAYS <u>21</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>Cooper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
MOTHER FATHER	13. NAME <u>Wes Steehr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Anna Becker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Louis Hildefelder</u> (ADDRESS) <u>Pacific Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pacific Mo</u> DATE <u>7-4</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Jno. A. Chickes, Son</u> <u>Pacific Mo</u>		
20. FILED <u>July-3</u> 19 <u>33</u> <u>Wes Steehr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1933

22. I HEREBY CERTIFY That attended deceased from July 2 1933 to July 2 1933
 I last saw him alive on July 2 1933, Death is said to have occurred on the date stated above, at 6:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Mitral-Stenosis Date of onset
with 920
 Other contributory causes of importance:

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 no, specify.....
 (Signed) W. F. Hildefelder M. D.
 (Address) Pacific, Mo.

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.

