

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

Do not use this space.

32565

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 226

Township _____

Primary Registration District No. 3014

Registered No. _____

City Jefferson (No. _____)

St. _____ Ward _____

2. FULL NAME

Theodore Steinmetz

(a) Residence, No. 725 Michigan St., _____ Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leota Steinmetz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE <u>42</u>	YEARS <u>yr.</u>	MONTHS <u>11</u>	DAYS <u>14</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>Labourer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building</u>
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 8, 1933</u>
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Herman Mo.
(STATE OR COUNTRY) Lascano Co.

13. NAME George Steinmetz

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

15. MAIDEN NAME Katherine Schaneth

16. BIRTHPLACE (CITY OR TOWN) Herman Mo.
(STATE OR COUNTRY) Lascano Co.

17. INFORMANT Mrs. Leota Steinmetz
(ADDRESS) Cedar City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenview Cem. DATE Oct-10-33

19. UNDERTAKER W. P. G. Gordon
(ADDRESS) Jefferson City Mo.

20. FILED 10/10/33 213 St. Louis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased, 19____
I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 6:39 pm.

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

Automobile Accident Date of onset _____
Broken neck
2:10 PM

Other contributory causes of importance: _____

Name of operation _____ 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? Accident Date of injury 10-8-1933

Where did injury occur? Jefferson - Cole - Mo
(Specify city or town, county, and State)

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

Manner of injury Automobile accident

Nature of injury Broken Neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) Dr. P. E. Weaver Coroner M. D.

(Address) Russellville Mo

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.

OCT 20 1933

103

10-1-33

11

**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 Cole
Township
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No.
St. Ward)

2. FULL NAME

Theodore Steinmutter

(a) Residence, No. St., Ward.

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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. UNDERTAKER (ADDRESS)

20. FILED 11/16/1933 D. V. Beesford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw him alive on, 19..... Death is said to have occurred on the day stated above, at

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

Auto. accident
While walking on pavement
of No. 59 Highway near Mary
Hospital. Walking with traffic
light came up from behind.
Due to poor visibility, driver
did not see deceased and
attempted to step directly into
path of car.

Date of onset

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 cause (violence) also the following: Accident, suicide, or homicide? Date of injury

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) Dr. R. & W. M. ... M. D.
(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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.

5-32845