

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

Do not use this space.

**OCT 20 1936**

**1. PLACE OF DEATH**

County Buchanan,

Registration District No. 85

Township St. Joseph,

Primary Registration District No. 1001

City St. Joseph,

(No. 1406 Prospect Avenue,

File No. 33672  
 Registered No. 1141  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Steinacker Sr.

(a) Residence, No. 1406 Prospect Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S., if of foreign birth? 57 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3rd. 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools  
 10. Date deceased last worked at this occupation (month and year) September 1931 U. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vevey, Switzerland,

FATHER 13. NAME Peter Steinacker,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vevey, Switzerland,

MOTHER 15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Switzerland,

17. INFORMANT (ADDRESS) John Steinacker Jr. 1322 Main Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Sept. 4th 1936

19. UNDERTAKER (ADDRESS) Heaton Beagle Bowman 519 So. 10th St. St. Joseph, Mo.

20. FILED Sept 4 1936 H. W. Nestleberg Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28 1936 to Sept 2 1936  
 I last saw him alive on Sept 2 1936. Death is said to have occurred on the date stated above, at 7:40 p.m.

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

Myocarditis ch. Date of onset 8-28-36

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? C 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) H. W. Nestleberg, M. D.  
 (Address) 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.

Hearsey.

6-1782