SEP 10 1937

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

Do not use this space.

29200

File No. 7833

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Johns Hosp St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Benjamin B Steffani

(a) Residence, No. 3712a N. Euclid Ave. St., 10 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: 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 Nellie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16th. 1879

7. AGE: Years 57 | Months 8 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) St. Louis Mo

FATHER

13. NAME Joseph Steffani

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

MOTHER

15. MAIDEN NAME Lydia Bosclupia

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

17. INFORMANT Nellie Steffani
(ADDRESS) 3712a N. Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE 8/21/37 19

19. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd.

20. FILED AUG 20 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18/37 19

22. I HEREBY CERTIFY, That I attended deceased from 7/27 19 37, to 8/18 19 37

I last saw h. alive on 8/18 19 37. Death is said to have occurred on the date stated above, at 6:30PM

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

	Date of onset
Multiple Abscesses of Liver cause unknown	7/27
Peri Rectal Abscess	
Other contributory causes of importance: Cause unknown	
No Definite Cardiac Decompensation	8/7/37
Sep Pneumonia	7/27/37

Name of operation Date of

What test confirmed diagnosis? P. M. 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) Geo. T. Nuhan M. D.

(Address) 1006 So Jefferson

8/19/37

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.