

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.

REC'D NOV 16 1938

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

33889
 Do not use this space.

1. PLACE OF DEATH
 (a) County..... 1 Registration District No..... 791
 (b) Township..... Primary Registration District No.....
 (c) City..... 1446a Warren St. (d) Street No..... 1446a Warren 1003 Registered No..... 8875
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Cecilia Steimke
 (a) Residence, No. 1446a Warren St. St. 26 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward H. Steimke
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1878.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 11 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Poland 7
 FATHER 13. NAME John Steimke 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland
 17. INFORMANT Mr. Edward Steimke
 (ADDRESS) 1446a Warren
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct. 14 38
 19. FUNERAL DIRECTOR Bennich-Nichols
 (ADDRESS) 1138 North Street
 20. FILED OCT 11 1938 J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1938
 22. I HEREBY CERTIFY that I attended deceased from Oct 9 38 to Oct 10 38
 I last saw him/her alive on Oct 9 38 Death is said to have occurred on the date stated above, at 7:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset Oct 8/38
 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?..... 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) J. H. D. [Signature] M. D.
 (Address) 1446a Warren

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Larry M. White

Licensed Embalmer No.

2973

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)