

72
 JUL 17 1939

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

D. C. A. Barnard
 23107
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 756
 (b) Township Postage One Town Primary Registration District No. 5992
 or
 (c) City Black Walnut (d) Street No. Black Walnut St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. da.

2. PRINT FULL NAME

Agatha Ann Steinhoff
 (a) Residence, No. Black Walnut (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Female</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>James Steinhoff</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11, 1884</u> | | |
| 7. AGE | YEARS <u>53</u> | MONTHS <u>1</u> |
| | DAYS <u>27</u> | IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u> | |
| | 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) <u>June 7, 1939</u> | |
| | 11. Total time (years) spent in this occupation <u>3.0</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta, Mo</u> | | |
| FATHER | 13. NAME <u>Frank Reinhart</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 0</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mary Kessley</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 9</u> | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939
 22. I HEREBY CERTIFY, that I attended deceased from April 17, 1936 to June 8, 1939
 I last saw her alive on June 8, 1939. Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset June 7/39

Other contributory causes of importance:

Atherosclerosis of 5 to 6 years duration

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) C. A. Barnard, M. D.

(Address) Postage One Town, Mo

17. INFORMANT (ADDRESS) James Steinhoff
Black Walnut, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Postage One Town
St. Francis Cemetery DATE June 10, 1939
 19. FUNERAL DIRECTOR (NAME) H. G. Hallmeier & Sons Co
St. Charles, Mo
 20. FILED June 9, 1939 Rose Barnard
Sub. Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUL 8 - 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.