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.

WHITE FEAMEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X7294

MAR 15 1940

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

Do not use this space.

9434

791

1. PLACE OF DEATH
County St. Louis — Registration District No. 1008 — File No. 2917
Township — Primary Registration District No. — Registered No.
City St. Louis (No. BARNARD SKIN & CANCER HOSP. Ward)

2. FULL NAME Anton Steinhoff
(a) Residence, No. 1 St. NR Ward. Machens, Mo.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Claudine Steinhoff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9 - 1880
7. AGE: YEARS 59 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Farmer
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) Missouri 0

FATHER
13. NAME Fritz Steinhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER
15. MAIDEN NAME Mollie O'Brien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

17. INFORMANT (ADDRESS) Mrs. Anton Connoyer Machens, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Portage De Sioux DATE March 29, 1940
19. UNDERTAKER (ADDRESS) H. C. Dallmeyer & Sons Co 800 N. Second, St. Charles, Mo.
20. FILED MAR 29 1940 J. D. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 26, 1940
22. I HEREBY CERTIFY, That I attended deceased from 2/26, 1940 to 3/26, 1940
I last saw him alive on 3/26, 1940 Death is said to have occurred on the date stated above, at 8:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of mandible	Oct, 1939

Other contributory causes of importance: Massive atelectasis

Name of operation Resection mandible Date of 3/26/40
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) William H. Gay, M. D.
(Address) Barnard Sk. C. Hosp.