S. No. 2
M—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22315

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 276

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles 94
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME RAYMOND CHARLES STEINHOFF

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 9, (Day) 1911 (Year)

8. AGE: Years 32 Months 5 Days 4 If less than one day hr. min.

9. Birthplace West Alton (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James F. Steinhoff
13. Birthplace West Alton (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Agatha Marie Barnhouse
15. Birthplace Dutzen (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Cem., St. Charles, Mo.

18. (a) Signature of funeral director Dohlmeyer Undertakers
(b) Address St. Charles, Missouri

19. (a) 6-23-1943 (Date received local registrar) (b) Byrdie Bohrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 30, 1943, 19, to June 13, 1943, 19; that I last saw him alive on June 13, 1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary thrombosis Multiple

Due to

Due to

Other conditions 111a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pulmonary thrombosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) MD

Address 408 W Fort St Date signed 6/22/43

1146

(Licensed Embalmer's Statement on Reverse Side)

Farmington Mo

RECEIVED
District Health Officer No. 4
District File Number 643-2349
Date Filed 6-28-43

JUN 30

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 me, Registered Apprentice No.

working under my personal supervision.

Signed C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Mo.

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, fact should be so stated above.