

S. No. 2
M-5-43
5-17-39
X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15835

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 587

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)

In this community 57 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1006 South 16th. Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Lisetti Steffens

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th.
year 1946 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 7, 1946, to May 18, 1946
that I last saw her alive on May 8 18, 1946
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William L. Steffens

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

7. Birth date of deceased July 23 1880
(Month) (Day) (Year)

Immediate cause of death Pernicious anemia
arteriosclerosis general
Coronary occlusion

Due to _____

Due to _____

Other conditions 5-18-46
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Hancock County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name MAX Schmidt

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Doerr

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Steffens

(b) Address 1006 So. 16th., St. Joseph, Missouri.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 5/20/1946
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

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? _____

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) May 22, 1946
(Date received local registrar) (b) [Signature]
(Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury _____

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

Address St. Joseph Mo Date signed 5-20-46

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

14727

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 *Albert P. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.