

S. No. 2
OM-2-43
v. 5-17-39
I X35697

39856

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 7 1947

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 439

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
608 Locust Street
(If not in hospital or institution, write street number or location)

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

In this community since May 1946

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 608 Locust Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Earnest August Steinborn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1946 hour 6 minute 15 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Kirby 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 8th 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1944 to Dec 20, 1946
that I last saw him alive on Dec 20, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 11 13 hr. min.

Immediate cause of death Cardiac decompensation

Due to Hypertension Hypertensive

Due to Diabetes

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions LD

Major findings: Of operations Not done

Of autopsy _____

11. Industry or business _____

12. Name Henry Steinborn

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

14. Maiden name Sophia Steinborn

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

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? _____

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

16. (a) Informant Mrs. Alice Steinborn

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 12-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 12-31-1946 (b) E. C. Summers
(Date received local registrar) (Registrar's signature)

23. Signature R. M. Stevenson (M. D. or other) D.O.
Address Hirsch Building Date signed Dec 27-46

(Licensed Embalmer's Statement on Reverse Side) Cape Girardeau, Mo.

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

38656

Officer No. 4
147-40
1-6-47

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..... *Howard L. Haman*

Licensed Embalmer No..... 4122

P. O. Address..... Cape Girardeau, 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.