S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39551

Registration District No. _____ Primary Registration District No. 3009 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 526 Camp St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ In this community 68 - 1 mo. - 27 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson (If outside city or town limits, write "RURAL")
(d) Street No. 526 Camp St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry August Steinhoff
3. (b) If veteran, name war _____
3. (c) Social Security No. 490-01-4977A
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Ann Clingingsmith
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October (Month) 22 (Day) 1880 (Year)

8. AGE: Years 68 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Dutchtown (City, town, or county) Mo (State or foreign country)
10. Usual occupation Sheet Metal Worker
11. Industry or business _____
FATHER
12. Name Ernest Steinhoff
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Matilda Bertling
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Steinhoff
(b) Address St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Wilson-Stather Funeral
(b) Address Jackson, Mo.
19. (a) 12-15-48 (Date received local registrar) (b) D. G. Siebert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 13 Year 1948 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from October 7, 1948, to Dec 13, 1948, that I last saw him alive on Dec 13, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	
Due to Arteriosclerotic cardiovascular renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypostatic pneumonia	

Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature J. H. Trolinger (M. D. or other)
Address J. H. TROLINGER, M. D. Date signed 12/14/48

(Licensed Embalmer's Statement on Reverse Side) JACKSON, MISSOURI

JAN 21 1949

RECEIVED

District Health Officer No. 4

District File Number 1248-1597

Date Filed 12-22-48

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 R. O. Laird

Licensed Embalmer No.....

P. O. Address Jackson, 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.