

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 6 1946

Registration District No. 32

Primary Registration District No. 5-112

Registrar's No. 54

1. PLACE OF DEATH:

(a) County BOLLINGER Co.
(b) City or town RURAL LORANCE TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 87 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR LEOPOLD
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN STEINNERD

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOUISE STEINNERD 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased JULY 12 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace EVANSVILLE IND 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN STEINNERD
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH H. STEINNERD
(b) Address LEOPOLD, Mo.

17. (a) BURIAL (b) Date thereof 10-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LEOPOLD, Mo.

18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address WINTERSVILLE Mo.

19. (a) 10. 28-1946 (b) Miriam H. VanAuburgh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 24 year 1946 hour 11:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 10/23/46
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Heart

Other conditions (Include pregnancy within 3 months of death) None

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? _____

While at work _____ (Specify type of place) (e) Means of injury 2
23. Signature John H. News (M. D. or other) Be
Address Wintersville Mo Date signed 10/29/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

MAY 23 1947

RECEIVED

Health Officer No. 4
File Number 1146-282-5
11-4-46

MAR 18 1948

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 J. G. Graham

Licensed Embalmer No. 4010

P. O. Address Leetsville, 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.