

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1398

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. General Joseph

File No. 300
Registered No. 300
St. 14 Ward

2. FULL NAME

(a) Residence. No. 2829 Askeu St. 14 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sophomore
(b) General nature of industry, business, or establishment in which employed (or employer) Central High
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Robt R. Steiner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Bertha A. Peter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Robt R. Steiner
(Address) 2829 Askeu

15. FILED 1/27, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1930

17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from 1930, to 1930,
that I last saw h. alive on 2:35 P and that death occurred, on the date stated above, at 2:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental bullet hole penetration
2:10 PM
1, 2:12 PM
(duration) yrs. mos. ds.

CONTRIBUTORY Raw into auto while sleeping
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History & dissection

(Signed) Henry M. Keel M. D.

1/25, 1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL California, Mo DATE OF BURIAL Jan 28 1930

20. UNDERTAKER S. H. Newcomer's Sons ADDRESS X 65

N. B.—This certificate must be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified.

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

File No. _____

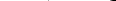
Registered No. 390

..S4 Word)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred	Yrs.	Mos.	Ds.	How long in U.S., if of foreign birth?	Yrs.	Mos.	Ds.
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16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 3 1950

17. 

I HEREBY CERTIFY, That I attended deceased from

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental automobile
traumatisms

K. 6 m

CONTRIBUTOR Kenneth W. White
SECONDARY

4. Sleighing (duration)..... 75-2..... 100-2..... 200-2.....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) _____, M. J.

. 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

INFORMANT

(Address)

FILED 12 19 70

REGISTRATION

S-13GS