

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County WAYNE

Township _____

Village _____

City DETROIT(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 55732 FULL NAME Valentine Steil(a) Residence. No. 347 Taft Pl St. _____ Ward 21
(Usual place of abode.)
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. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 Color or Race W 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Lidel6 DATE OF BIRTH (Month, day and year.) Mar 11 - 18627 AGE Years 57 Months 1 Days 25 II LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Neuerburg Germany10 NAME OF FATHER John Steil11 BIRTHPLACE OF FATHER (city or town) (State or country) Neuerburg Germany12 MAIDEN NAME OF MOTHER Anna Ruhl13 BIRTHPLACE OF MOTHER (city or town) (state or country) Neuerburg Germany14 Informant Mrs Francis Steil
(Address) 347 Taft Pl15 Filed MAY 9 1919 Registrar. Henry H. V.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 5-6 191917 I HEREBY CERTIFY, That I attended deceased from 5-6 1919 to 5-6 1919
that I last saw him alive on _____, 19____ and
that death occurred on the date stated above at 9:30 P m.The CAUSE OF DEATH* was as follows: 64Apoplexy(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Breaking & Flooding of
(Secondary) sinus head
(duration) _____ yrs. _____ mos. _____ ds.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) Nere E Campbell M. D.
5-8 1919 Address 2590 E Jefferson

*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. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL German LutheranDate of Burial 5-9 191920 UNDERTAKER Chas. M. LuydenAddress 906 Macd.

