JUN 28 1929

96

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

Do not use this space.

22598

File No. .....

Registered No. 180

1. PLACE OF DEATH

County St. Louis Registration District No. 789

Township Carondelet Primary Registration District No. 60 33 B.

City ~~St. Louis Mo.~~ (No. 8430 Ann Ave. St. ..... Ward)

2. FULL NAME Charles A. Stegmann

(a) Residence. No. 8430 Ann Ave. St., ... Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	7	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work motor Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 9 years.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Gus. A. Stegmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jeff. Co. Mo.

12. MAIDEN NAME OF MOTHER Nellie Pyle

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

14. INFORMANT Mrs. J. A. Stegmann
(Address) 8430 Ann Ave.

15. FILED 6/9, 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from June 4th, 1929 to June 7th, 1929 that I last saw him alive on June 7th, 1929, and that death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

(duration) 4 yrs. 4 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Don't know

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. A. Lenz, M. D.

June 8th 1929 (Address) 5860 Highland

*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
Valhalla Cemetery	June 10 1929
20. UNDERTAKER Shepard Funeral Home	ADDRESS 1167 Hamilton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

264

1

2

5850

Case 5792

Meeting 5554.

6: