

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.

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Trinity Lutheran Hospital)

File No. 36963
Registered No. 440
St. 1103 Ward

2. FULL NAME

Leoland Stigemeier

(a) Residence, No. Concordia, Mo. 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 Male 4. COLOR OR RACE White 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) October 25 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

13. NAME Alfred Stigemeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Missouri

15. MAIDEN NAME Bernice Bergstadt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Missouri

17. INFORMANT (ADDRESS) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia, Mo. DATE Oct 26 1937

19. UNDERTAKER (ADDRESS) Waters Funeral Home Kansas City - Kansas

20. FILED Oct 26 1937 M. H. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1937 to Oct 25 1937

I last saw him alive on Oct 25 1937. Death is said to have occurred on the date stated above, at St. Paul School. The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Premature birth

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. W. Bravard, M. D.

(Address) 3605 1/2 Broadway, Kansas City, Mo.

