

REC'D MAR 23 1939

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

8116
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 884
(b) Township Charette Primary Registration District No. 6126
(c) City Holstein (d) Street No. _____ Registered No. 3
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mary Stegen

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1871

7. AGE YEARS 67 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife
9. Industry or business in which work was done, as 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) New Minder 1
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Carl Mueller 6

14. BIRTHPLACE (CITY OR TOWN) Germany 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Minnie Schroeder

16. BIRTHPLACE (CITY OR TOWN) Port Hudson
(STATE OR COUNTRY) Franklin County, Mo.

17. INFORMANT (ADDRESS) Mr. August Stegen
Holstein, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holstein, Mo. DATE Feb 9 39

19. FUNERAL DIRECTOR (ADDRESS) F. W. Nieburg & Son
Warrenton, Mo.

20. FILED Feb 7 1939 A. C. Johnson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1939 to Feb 5 1939
I last saw him alive on Feb 5 1939 Death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Date of onset Jan 31 39
Other contributory causes of importance: 106

Name of operation _____ Date of _____
What test confirmed diagnosis? Chest 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? _____
If so, specify _____
(Signed) A. C. Johnson, M. D.
(Address) Maestrosville, Mo. 810

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John F. Wieburg, Licensed Embalmer No. 3897
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed John F. Wieburg
Licensed Embalmer No. 3897

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.)