

36435 ✓

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1932

Registration District No. 784 Primary Registration District No. 119

1. PLACE OF DEATH: 26 West Swan
(a) County Webster Groves
(b) City or town Webster Groves
(c) Name of hospital or institution: 26 West Swan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 26 Swan
(e) If foreign born, how long in U. S. A.? Life years

3. (a) PRINT FULL NAME CHARLES H. STIEF
(b) If veteran, name war _____ (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 13 year 1940 hour One minute 0 P. M.
21. I hereby certify that I attended the deceased from 1938 to 1940 that I last saw him alive on Oct 13 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
(b) Name of husband or wife Paulena Stief Aug. (c) Age of husband or wife if alive 75 years (Day) (Year)

Immediate cause of death Coronary Disease of Heart - Angina Pectoris
Due to Art. Sclerosis
Due to 94-hr
Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Boonerville Mo (City, town, or county) (State or foreign country)

10. Usual occupation 104 Good's Salesman
11. Industry or business Rice Sticks, Toy Goods Co

MOTHER FATHER
12. Name FREDERICK STIEF
13. Birthplace GERMANY
14. Maiden name CAROLINE HILLSMANN
15. Birthplace GERMANY

Major findings: Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically

16. (a) Informant's signature Mrs. J. J. Kierantz
(b) Address Webster Groves Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____

17. (a) (b) Date thereof 10/15/40
(c) Place: burial or cremation Lake Charles

(c) Where did injury occur? home
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(e) Means of injury _____

18. (a) Signature of funeral director Carl H. Howe
(b) Address 132 N. 3rd St. Webster Groves
19. (a) Date received local registrar Oct 13 1940 (b) Registrar's signature W. K. Meyer

23. Signature Frank P. Baumgardner (M. D. or other) MD
Address 132 N. 3rd, Webster Groves Date signed 10/13/40

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

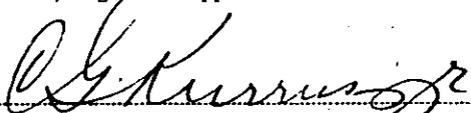
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3162

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.