

No. 2
-1-4-41
-17-39
X26350

FILED SEP 17 1941
791

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 weeks.
(Specify whether
In this community. 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000
(c) City or town St. Louis 1720
(If outside city or town limits, write "RURAL")
(d) Street No. 2326a Benton St. 9
(If rural, give location)
(e) Citizen of foreign country? Yes. 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Mary Stiegemeier

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Henry Stiegemeier

6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. May 8, 1857.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>18</u>hr.min.

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

10. Usual occupation. Housework

11. Industry or business.....

MOTHER FATHER { 12. Name. (Unknown) Kassel
 { 13. Birthplace. Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name. Charlotte (Unknown)
 { 15. Birthplace. Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant. Charles E. Stiegemeier
(b) Address. 4524 Pope Ave.

17. (a) Burial (b) Date thereof. Aug. 29, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Zion Cemetery.

18. (a) Signature of funeral director. Wm. M. Schumacher

(b) Address. 4834 Natural Bridge

19. (a) AUG 28 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month. 8/26 day 1/41,
year 1941 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from 7/14/41
19. to 19. ;

that I last saw her alive on 8/26/41 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death. 1) Chronic myocarditis

Due to 55a

Due to 55a

Other conditions. 2) Bilateral Hypertension of adrenals
(Include pregnancy within 3 months of death)

Major findings: 3) Thrombosis of left femoral vein
Of operations
Of autopsy. Same as above

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature [Signature] (M. D. or other) C.M.P.
Address 2801 N. Taylor Date signed 8/26/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

John A. Melman....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melman*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis Mo.*.....

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, fact should be so stated above.