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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1944

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28846

Registrar's No. 1802

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4215 Connecticut Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Clara M. Stegemann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John H. Stegemann

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

7. Birth date of deceased September 6, 1862.
(Month) (Day) (Year)

8. AGE: Years 81 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Bernard Beermann
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Dont know
15. Birthplace Dont know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Bernard Stegemann
(b) Address 4215 Connecticut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz
(b) Address 2842 Meramec Street.

19. (a) AUG 29 1944 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th.
year 1944 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from July 30, 1944, to August 26, 1944; that I last saw her alive on Aug 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to generalized arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

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 0

23. Signature A. J. Merflin M.D. (M. D. or other)

Address 3507 Potomac Date signed 8-28-44

844

(Licensed Embalmer's Statement on Reverse Side)

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.....Howard F Rowland

Licensed Embalmer No.....3114

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.