S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21457

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1334

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 2-8-46 (Specify whether years, months or days)
In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME STEGEMANN, Bernard

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alma Stegemann

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 10 (Day) 1887 (Year)

8. AGE: Years 59 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Herman Stagemann
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Beerman
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet.Adm.Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S.Peter&paul Cem.

18. (a) Signature of funeral director Wingbermuehle Und. Co.
(b) Address St. Louis, Missouri 3819S. Grand

19. (a) 6-22-46 (Date received local registrar) (b) E.D. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1946 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 2-8-46, 19..., to 6-19-46, 19..., that I last saw him alive on June 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT & MYOCARDIAL INSUFFICIENCY — Duration UNK

Due to 94-a

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

Of autopsy No Autopsy

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) No

(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

Signature L. E. Stillwell L. E. STILLWELL, M.D. (M. D. or other)

Address Vet.Adm.Hosp.Jeff.Brks., Mo. Date signed 6-20-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1946

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 Kenneth W. Jones

Licensed Embalmer No. 4224

P. O. Address 3423 clara ave

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.