

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1949

State File No. 1428

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 5 1/2 YEARS		d. STREET ADDRESS (If rural, give location) 4121 CHESTNUT AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) ELIZABETH c. (Last) STEGMAN			4. DATE OF DEATH (Month) (Day) (Year) JAN. 6. 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-12-1896	9. AGE (In years last birthday) 52 YRS.	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARTIST		10b. KIND OF BUSINESS OR INDUSTRY E.H. ROBERTS PATRINTS		11. BIRTHPLACE (State or foreign country) NIO TA, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME EMMETT C. KANEFF		13b. MOTHER'S MAIDEN NAME KATHERINE WESTENTIGR		14. NAME OF HUSBAND OR WIFE IGNACE STEGMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-26-7810		17. INFORMANT'S SIGNATURE OR NAME IGNACE STEGMAN ADDRESS 4121 CHESTNUT AVE. K.C. MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritoneal Sarcocystosis			INTERVAL BETWEEN ONSET AND DEATH Several months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown				
		DUE TO (c) None of importance 158				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION See (a) above			20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 25		

22. I hereby certify that I attended the deceased from **Autopsy only**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at ____, from the causes and on the date stated above.

23a. SIGNATURE F.C. Helwig (Degree or title) M.D.		23b. ADDRESS St. Luke's Hospital		23c. DATE SIGNED 1/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
24d. LOCATION (City, town, or county) KC		24e. STATE MO			
DATE REC'D BY LOCAL REG. 1-8-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1401 BRUSH CREEK BLVD. K.C. MO.	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Jess T. Hewes*
Licensed Embalmer No. *445-3*
P. O. Address *St Anns City*

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.