S. No. 300
v. 10-48

FILED DEC 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44816

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3225

4000 4

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANCHESTER
c. LENGTH OF STAY (in this place): 4 MOS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MANCHESTER-NURSING-HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: KIRKWOOD 4673
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 430 CENTRAL

3. NAME OF DECEASED (Type or Print)
a. (First): PAULINE
b. (Middle): ANNA
c. (Last): STIEGLER

4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 53

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: AUG-22-1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR Months 3 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED- CLERK
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (City and State or Foreign Country): ST. Joseph Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: OSCAR- MARTINI
13b. MOTHER'S MAIDEN NAME: ROSA- L. BURRI
14. NAME OF HUSBAND OR WIFE: ERNEST. M. STIEGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 702-12-5741
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: A.E. STIEGLER-430 CENTRAL-KIRKWOOD

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CHRONIC MYOCARDITIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: CHRONIC NEPHRITIS

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 10, 1953, *to* DEC. 17, 1953, *that I last saw the deceased alive on* DEC. 16, 1953, *and that death occurred at* 2:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B.R. Irving, MSD
23b. ADDRESS: BALLWIN, Mo.
23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-21-53
24c. NAME OF CEMETERY OR CREMATORY: OAK-HILL CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS Co Mo

DATE REC'D BY LOCAL REG.: 12/17/53
REGISTRAR'S SIGNATURE: Herbert B. Sonke, MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JAY-B-SMITH- MAPLEWOOD -Mo

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 402

P. O. Address Maplewo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.